

social work with groups 1958

**SELECTED PAPERS FROM THE
NATIONAL CONFERENCE ON SOCIAL WELFARE**

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Introduction

It is a paradox that a profession known for its interest in helping people with problems of relationships within their intimate circle of family, peers, work associates, and neighbors should be "discovering" the group. Yet in reviewing the papers presented at the 1958 National Conference on Social Welfare, the Editorial Selection Committee was faced with the plain fact that the "group," as a unit of social work service, has become of interest to more than social group workers; that it has opened a new range of services in a wide variety of agencies and is useful in helping to serve people facing a wide variety of social problems. A tool for democratic social action, a unit of direct social work service, a device for assessing capacity for relationship, a technique for "reaching" hostile adolescents—these are some of the purposes for which groups are used in social work today that are demonstrated in this collection of papers.

One way of viewing the developments that have led to the current interest in social work with groups is to recapitulate the several beliefs that underlie both the philosophy and practice of social work. As stated in the "Working Definition of Social Work Practice," developed by the Commission on Practice of the National Association of Social Workers, these are:

1. The individual is the primary concern of this society.
2. There is interdependence between individuals in this society.
3. They have social responsibility for one another.
4. There are human needs common to each person, yet each person is essentially unique and different from others.
5. An essential attribute of a democratic society is the realization of the full potential of each individual and the assumption of his social responsibility through active participation in society.

6. Society has a responsibility to provide ways in which obstacles to this self-realization (*i.e.*, disequilibrium between the individual and his environment) can be overcome or prevented.¹

It may be a truism to state that practice theory in social work has been more precise up until now with regard to the psychodynamics of the individual than it has regarding the processes of interaction, but it does explain why working with the individual becomes synonymous with social work in the minds of many practitioners. If one accepts the beliefs stated above, then there is no question but that understanding the individual is a major task of social work. However, when we move on to the concepts of interdependence and social responsibility, we find that personality theory is not enough. To understand human behavior fully, the knowledge acquired from the fields of psychology, psychiatry, and medicine must be integrated with interaction theories on relationship, group process, and the influences of cultural patterns on behavior. Group and intergroup theory formulations, for their part, rest on knowledge derived from social psychology, sociology, and anthropology. Thus, while some practitioners have justifiably been striving for more understanding of the individual, others have turned toward examination of the phenomena of group process and refinement of method in work with groups.

In this volume, there is beginning evidence of the gradual convergence of these two interests. It is not that either segment has ever been exclusive of the other, but rather that practice theory has been uneven in its formulation, with the theoreticians tending to work separately and the practitioners likewise parted by agency function and tradition. It also becomes apparent that to understand an individual fully, he must be viewed in his social interaction with others. Conversely, full understanding of group process requires depth understanding of the dynamics of the individual as well as the group as a whole.

Settings and Problems

These papers reveal the variety of settings and problems for which the social group work method is useful. The problems range from mental retardation, hostile antisocial behavior and social isolation, to physical and mental illness, emotional disturbances, and family dysfunctioning. Similarly, settings have a large spread, and include community group service agencies (Northen, Marks, Richards); children's institutions (Dodsworth and Kirby), camp (Kolodny-Burns), psychiatric

¹ Harriett M. Bartlett, "Toward Clarification and Improvement of Social Work Practice, *Social Work*, Vol. 3, No. 2 (April 1958), p. 6.

hospital (Eisen), family service agency (Sherman) and nonagency settings under agency sponsorship (Richards and Flachs).

One cannot read these papers and still hold to the stereotyped notion that social group workers are interested only in "normal" people, not people with problems. Or that caseworkers are interested only in individuals, not in groups; or only in individuals with problems in social dysfunctioning.

Casework and group work are accepted concepts in differentiating the social work method and common adjectives for describing direct social work services performed by workers using the method. But when the terms are used to refer to an agency, a field of practice or a group of employed professional workers, confusion begins to appear. Agencies are administrative structures employing workers to carry out services. Agencies have resulted from the recognition by the community that a social need should be met by direct services. Some needs of people, as evidenced by antisocial behavior, physical illness, mental illness, unhappy family life, or social isolation, have aspects which may respond to individual treatment, *i.e.*, casework, or group treatment, *i.e.*, group work. Agencies are multifunctional so it would seem to follow that administrative patterns should be providing services according to need which make use of all the best-known methods of meeting those needs. This principle is well demonstrated in "A Group Work Program in a Children's Institution: An Administrative View" by Dorothy Kirby, as well as "Utilization of Casework Method and Skill in Group Counseling" by Sanford Sherman, and "The Interview in Group Work and Casework: A Comparison" by Sara Maloney.

The premises posed and the practices described here reveal creative efforts by social workers to provide increasingly meaningful services and to attack community problems more directly. More and more it is becoming clear that a group experience may be enjoyable—and therapeutic at the same time! It may even be unique if the professional guidance is sensitive. In "Group Work with Newly Arrived Patients in a Mental Hospital" by Arnold Eisen, one senses the therapeutic value to the group members when they feel they have helped each other in a setting where they themselves have come for help—and a new dimension is realized. In other papers, one learns of the strong influence of group values on the individual (Flachs, Northen, Richards). One sees that as group values are altered, the individual finds it possible to change even though he did not formerly respond to "treatment."

This, then, is social work with groups in 1958, although it may change quickly as the social work profession moves toward definition of its core

job. It is with pleasure that the National Association of Social Workers, committed as it is to the development of the social work profession as one profession, joins with the National Conference on Social Welfare in publishing material that shows concretely just how rapidly the movement toward clarification of professional social work practice is proceeding.

The members of the Editorial Committee for this volume of selected papers from the 1958 National Conference on Social Welfare were William Schwartz, chairman, (Associate Professor, School of Social Work, University of Illinois); Russell Hogrefe (Chicago Youth Centers); Bernard M. Shiffman (Executive Secretary, Division on Recreation in Informal Recreation, Welfare Council of Metropolitan Chicago); and Florence Ray (Assistant Executive Director, Group Work Section, NASW); with Mrs. Beatrice Saunders (Publications Director, NASW) as editor serving ex-officio.

FLORENCE RAY

October, 1958

**A group work
program in a children's
institution: an administrative view**

DOROTHY F. KIRBY

El Retiro is an institution operated by the Los Angeles County Probation Department and serving the Los Angeles County Juvenile Court. For some years the agency had offered a primarily custodial program for delinquent adolescent girls. Dissatisfied with results, the Probation Department determined to explore the possibility of developing a treatment-oriented program which, hopefully, would be able to effect constructive changes in the attitudes and behavior of the youngsters under care. Today, El Retiro offers an intensive treatment program for forty-five adolescent girls between the ages of 13 and 18, whose behavior can be described as falling within the range of acting-out character disorders. All the girls participate in group therapy, and some 85 percent of them are in individual therapy. (23) (17) (18) (22)

In the early stages of reorganization as we set about to develop intake procedures, increase our casework staff, add psychiatric and psychological services, and reorganize our cottage staffing—we were made acutely aware of the need for adding to our staff someone with knowledge and understanding of group behavior. (4) (37)

It had been the established practice of the agency to employ a recreation director to plan for the leisure time activities of the girls. Despite sincere and devoted effort, the program could scarcely be described as offering a successful experience for either the workers or the girls. Constantly screaming that there was nothing to do and no one cared if they died of boredom, our youngsters heartily resisted every effort to (26)

provide any kind of a recreation program. They detested every active sport. Baseball degenerated into a free-for-all with baseball bats. Volley ball fared little better, but was less hazardous because of the equipment. Quiet activities were scorned as being for "squares." The only detectable team spirit was that engendered to drive off the recreation worker. In this they succeeded. In fact, two workers left the recreation field entirely!

19 Surely, a professional group worker was what we needed. Undoubtedly, a skilled social group worker would take us by the hand, and by some miracle of group dynamics know-how, quietly and firmly lead us from recreational chaos into the calm waters of group work. It was most obvious we needed leading somewhere. At that time and for some two years to come, El Retiro rocked and roared like a rocket on a testing pad, as we trialed and errored our way from custody to treatment.

The position of group worker was established, and we eagerly awaited a rush of applicants. To our amazement, no one was overwhelmed with a burning desire to be either the first or the only group worker in an agency that threatened daily to take off for outer space. Finally, in July 1955, we found exactly the right group worker. Just out of graduate school and without previous institutional experience, she was richly endowed with courage and the spirit of adventure. To reassure you, she is still with us, sound in mind and body. So effective have been her efforts, that our new institution, soon to be built, will include two group workers.

At last we were ready to get under way with the group work program. We had the group worker. Our goals were outlined and sounded exciting. The group work program at El Retiro would be directed toward (1) helping the total staff gain an understanding of the group process; (2) creating a rich and varied activity program to be carried out in a large number of small groups; and (3) developing small groups with which the group workers could carry out the direct practice of social group work.

20 There was just one little difficulty which blocked our getting under way—the attitude of the institution staff. The consultant staff regarded the group worker with the curiosity reserved for some rare but harmless animal. The casework staff was indifferent and unconcerned. While they agreed that, no doubt, there was a place in the institution for a group worker, they recognized no need for any communication or exchange of information since they saw their roles as being completely different. The cottage staff were suspicious and hostile. Apparently convinced that the group worker belonged to some nefarious administrative plot, they would have none of her. As far as they were con-

cerned, she was the expert and as such it was her responsibility to entertain and amuse the girls.

The usual orientation period did little to lessen this general resistance. However, attending staff meetings, participating in case conferences, reading records, and observing agency operations did enable the group worker to gain some understanding of the agency philosophy and at least to become acquainted with the girls and staff.

The need to develop a constructive program for the girls was desperate. The temptation to start, despite the staff attitude, was great. Fortunately, however, discretion won out, and it was decided that our first group work efforts would be directed toward gaining staff support. Looking back, the resistance of the staff proved a blessing. It forced us to move slowly, never in advance of staff understanding and acceptance. As a result, the group work program developed naturally and smoothly as an integral part of the total pattern of agency operation.

Thus, instead of youngsters, our group worker's first group was a committee appointed by the administration and composed of case-workers and cottage staff. This group, officially entitled "The Recreation Committee," met weekly for the express purpose of helping the group worker plan an activity program for the girls. They set to work with some enthusiasm. It was immediately agreed that our real need was for some means of keeping the girls busy, and thereby out of people's hair, on weekdays between the close of the school day and bedtime, and all day on the weekend. This being so, all the group worker had to do was plan a program for these periods. Since the group worker was not permitted, under Civil Service rules, to work seven days a week, the committee—after giving this problem some thought—generously offered to take over for her on her days off!

As the committee members wrestled with the problem of finding ways and means of interesting and involving our youngsters in activities, they gradually came to recognize the need for a highly varied program. They began to wonder what they as a group could do to provide a wide variety of activities and special interests. One by one, the members tentatively mentioned a personal hobby or special skill which might be of interest to a girl or two. These suggestions were immediately picked up and activities started.

Today, every cottage staff member has accepted responsibility for at least one activity or interest group. These groups cover a wide range, such as swimming lessons, piano lessons, ceramics, metal craft, millinery, sewing, art, drama, modeling, Canasta. The group worker simply serves as consultant when any problems occur or when a new group is to be formed. Interestingly, the staff have found their participation highly rewarding. As one person put it: "If we are going

to really help these girls, then we need a good relationship with them. I've learned that the best way to develop a good relationship is through sharing activities and interests."

As staff worked closely with the group worker, they discovered she offered a wealth of understanding of group behavior and a fund of practical suggestions for cottage group management. They requested an inservice training session on group work, and that the group worker conduct it. This group work session has now become a regular part of our inservice training program. Beginning with discussions of what a group worker is and what group work is, the staff has gradually moved into the consideration of such subjects as homogeneous versus mixed groups, group conflict, subgroups, negative leadership, the isolate in the group, group testing of staff, group contagion, and most recently, group living as a major factor in treatment.

The Recreation Committee is still in existence but with a new name. Six months ago the members adopted the title "The El Retiro Committee on Social Group Work." Meetings, instead of being weekly, are now held once a month.

Gaining the support of the casework and consultant staff posed fewer problems and was somewhat more readily achieved. At El Retiro we work with behavior; therefore, it is essential that we know as much as possible about that behavior. The group worker's particular skills, together with the nature of her relationship with the girls, enabled her to bring to the case conference a new and different picture of a girl's behavior. From her the caseworkers and therapists learned how in reality a girl related to and interacted with other youngsters. This concrete behavioral evidence was often quite different from the projections and distortions presented by the girl in her individual sessions. For example, the group worker was able to describe how Pat, always angry and feeling put upon, really provoked the group rejection which she in turn used as justification for her temper outbursts and attacks on other girls. Again, it was the group worker who picked up that sweet, conforming Jan, our public halo-polisher, was actually the behind-the-scenes manipulator who promoted the fight between the twins, and was presently engaged in setting up smuggling operations.

At first, the group worker's observations were met with defensiveness and were challenged by the caseworkers. However, this attitude changed as they realized the validity of the information and its value in the treatment process. Gradually, casework and group work came to be seen as mutually supportive in the helping process. The group was recognized as the framework within which a youngster's individual gains could be observed. Concurrently, the group process could be

used to contribute to and solidify those gains. Today, the group worker is accepted as a valuable member of the institution team, and group work an integral part of the total helping process.

The formation of small groups with which our group worker could become involved on an intensive group work basis has been slow. We have waited for these groups to develop gradually and naturally in relation to program needs. The first to emerge was the orientation group in the intake cottage. About a year ago, a Big Sister Group was formed, to be followed shortly by a Release Group. The Big Sisters are girls who have been with us approximately eight months and whose purpose it is to help new girls through the first few weeks of placement. While this group is concerned with the helping process, they themselves are severely troubled youngsters. In the group process, active and constructive use of the helping relationship results in increased insight and understanding. The Release Group is comprised of youngsters who will be leaving the institution within a few months. These are girls who have made many gains in the program, and it is within this group that they explore feelings and fears related to their return to the community.

Just recently, our group worker has moved into another area—that of cotherapist with the clinical psychologist in one of our weekly cottage group therapy sessions. Taking this step was fraught with conflict because there was much concern on the group worker's part as to whether this was truly a group work function. As a general practice, the caseworkers serve as cotherapists in the group therapy program. However, as we explored this activity, we were at loss to know why this role belonged any more to casework than to group work.

The lot of the professional group worker in an institution can be a lonely one. Often she is the only group worker on the staff. Rarely is there supervision other than that offered by the casework supervisor or a member of the administrative staff. Generally, these staff members have neither the time nor the special understanding of the nature of the group worker's problems to be of any consistent or constructive help. The role of the institutional group worker is far from being clearly defined; in many ways, the practice of group work is where casework was many years ago. It used to be fairly common practice to expect the caseworker in the institution to do the intake, provide casework services to the children in placement and to their families, take children shopping, to the doctor, the dentist, the hospital, double for the superintendent, and if the cook or janitor failed to show up, to be assigned those chores as well.

In Southern California, the Group Work Section of the National Association of Social Workers has formed a study group comprised of in-

stitutional group workers. Actually the group came into being out of the simple human need of group worker to talk to group worker. However, as anyone who has ever known a group worker will tell you, if you put two or more group workers in a room, they immediately form a group. Having a group, they start what is called "the group process" which leads to identifying problems which in turn just naturally leads to solving problems! It has been my privilege in a number of instances to have participated in meetings with the study group. Recognizing that many of the problems of the institutional group worker stem from the lack of adequate supervision and the confusion surrounding his role, the group is taking steps to resolve these difficulties. In the area of supervision, no concrete plan has been formulated as yet. However, the group has begun to clarify its ideas as to the function and purpose of such supervision, and to explore ways and means in which it may be obtained.

More progress has been made in the clarification of the group worker's role. As outlined by the group, some of the major areas of professional service which a professional group worker is prepared to offer in the institution are briefly:

1. The direct practice of social group work with small groups of clients or patients.
2. Working with other staff members toward helping them understand the group process.
3. Sharing with other staff members the group worker's observations and recommendations with reference to individual and group behavior.
4. Sharing with other staff members the group worker's observations and recommendations with regard to social climate and group living factors in the institution.
5. Analyzing the need for and recommending the formation of various kinds of groups to meet the needs of the individual clients of the agency.
6. Assuming the responsibility as a professional group worker for helping to maintain the limits and standards of the agency.
7. Accepting responsibility for co-ordinating and enriching the recreational program along with supervising and training recreational staff and volunteers.
8. Interpreting the agency program to the community through contacts with volunteer groups, community agencies, service clubs, and similar organizations.

The development of a meaningful and integrated group work program at El Retiro took longer and was more difficult to accomplish

than had been anticipated. Much more was required than setting goals and adding a group worker to the staff. Before significant progress could be made, it was necessary to gain the understanding of the staff and to involve them actively in program planning and development.

The time and effort that went into educating the staff and gaining their support were by no means wasted. Quite the contrary—it paid unexpected dividends in the form of a more unified staff and a more effective treatment program. Staff relationships improved tremendously. Roles became clarified as group worker, caseworker, cottage staff member, and therapist explored, planned, and worked together. Status differences began to disappear with the growing awareness of staff interrelationships and interdependence in the helping process. The quality of cottage staff improved. Shifting their function from custodial care to active participation in the treatment process called for and attracted younger, better qualified, and more skilled personnel. The opportunity for cottage staff to participate in the development of activity and special interest groups with the girls stimulated their interest in the program, increased the demand for more inservice training, and resulted in closer and more constructive relationships with the youngsters.

The inherent value of an institution lies in the fact that it offers a group-living experience; the effectiveness of the institution program depends on the nature of that group-living experience. To be meaningful, every facet of institutional life must be woven into a constructive and balanced pattern of services, relationships, activities, and controls. In the past, however, the pattern of services in institutions has not generally been a balanced one. The tendency has been to stress individual treatment and to neglect the group-living aspects, forgetting that troubled individuals make troubled groups. Emphasizing intensive individual treatment while overlooking what takes place in the group, is like teaching swimming on the pool deck, then leaving the child to fend for himself in the water.

The treatment process is not helping the individual understand and come to terms with himself in order that he may live in splendid isolation. The ultimate goal is to help him live comfortably with, and relate to, many groups. If this is to be achieved, then we must recognize the importance of group-living factors in the institution. Constructive use must be made of the group process—the other side of the treatment coin. The time has come to get off the pool deck and into the water where learning and understanding are put to practical use.

A social group work activity program in a children's institution

DON J. DODSWORTH

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If the public institution is to fulfill its responsibility for the complete well-being of its children, then it must learn how to provide something more for them than a place to sleep and something to eat and wear. A good deal of aggravation and anxiety has been stirred up because of the progress made in developing more complete and less traditional care for dependent children away from their own homes; still, much remains to be learned and a good deal remains to be done.

As the old, castle-like buildings have been declared dangerous or obsolete, they are being replaced by the decentralized cottage-type plant. New buildings do not always mean new programs, and there are those who believe that congregate living has its significant advantages. But whatever the physical environment, administrators are remodeling their services with respect for all the needs of the children. They are searching for the necessary professional personnel to work with the seriously disturbed and otherwise misplaced youngsters they are now being asked to help. Caseworkers no longer look upon the opening of the institution's doors as the end of the child's need for their guidance. They realize the distinguishing values of institutional care for the "right" child, and are coming to perceive the important role the caseworker must play in the further rehabilitation of the youngster. Many lay citizens in the community no longer think of institutions as places that smell like an unpopular antiseptic or the children in them as people best forgotten. Some are trying to comprehend the problems and to learn how they can help.

These circumstances are encouraging. Each of these factors can be a part of the difference between an institution that merely provides asylum and one providing an atmosphere conducive to growth; the difference between children existing, marking time, waiting to get out, and their being guided toward building the capacity to achieve the most satisfying life adjustment of which each is capable.

However, there is another factor or tool that is less known, for only recently has it been subjected to experience and evaluation—the application of social group work to institutional problems. The singular contribution of the good institutional program is the constructive group living experience it can provide. An institution necessitates, creates group life; in so doing it has a great deal to offer certain children. It can meet the needs of some children as they cannot be met by a foster home, by the specialized “treatment center,” or perhaps even by a child’s own home. One of the new ideas for underscoring this opportunity of group living is to construct creative group activities for the children’s leisure time. It is our belief that the methodology of social group work is the best resource for doing the job. (19)

This paper is concerned with the Leisure-time Program at Franklin Village. It will indicate the methods of social group work employed and will describe some of the specific aspects of the program’s actual operation. It will discuss various types of activities and their corresponding values to the children. Areas of concern will be highlighted, as well as some mention of future directions.

During the past seven years, the conditions at Franklin Village, the Children’s Home of Franklin County in Ohio, have presented a noteworthy opportunity for examining the methods by which a public institution improved its services. We moved from a 71-year-old congregate-type building into a cottage plant; and the administration moved from a sterile environment in which custody, conformity, and correction were the bywords to the inauguration of a policy focused upon an awareness of the individual child and the utilization of the merits of group living.

The new executive believed in the values to be gained from developing a Leisure-time Program based upon the concepts of social group work, and therefore accepted the opportunity of a field work placement of a graduate student in social group work from the School of Social Administration at Ohio State University. Because of the lack of any professional personnel and because the student was available, the Leisure-time Program was the starting point of the administrator’s campaign. Indeed, even under the growing pressures of increased numbers of children, the drawback of a limited budget, and (26)

the concomitant lack of trained personnel, the quality of this program has been maintained.

The purpose of the program is to help provide a social environment in which the children can learn to live and work and play together, an environment that encourages learning, provides opportunities for the development of constructive values, stimulates the growth of positive traits of character and personality—an environment that will help each youngster with his problems of adjustment and his attainment of self-confidence and security. Behind each activity is the question: What will the game or group do to the child, and what will the child do in the game or group? It is not the purpose of the program to keep the youngsters busy or to keep them out of the cottages.

The program is essentially small-group centered; activities are planned with an average of seven or eight youngsters in a group. A good deal of time and thought are given to planning the content of the program, to arranging schedules, and to composing the groups. A balance in the interplay of the positive and negative feelings and behavior of the members must be built into a group and maintained if the intended goals are to be achieved.

When a new child is admitted to the village, he receives a letter from the program director, explaining the Leisure-time Program. The child is encouraged to take the first step toward becoming a part of the program. When the new youngster (or any youngster) in some manner expresses an interest in doing something or going somewhere, his name is placed on the "Waiting List." In addition, children are considered for membership when a cottage parent or caseworker suggests a group experience for that child.

When there is an opening in an ongoing group, or as soon as we can create a new group through which the child can do what he has said he would like to do, we discuss the possibilities with him. Together, we try to determine whether he will be content and happy, and if he will add to and at least not detract from the value of the group to its current membership. After the program staff has interviewed several possible choices, a child becomes a new group member.

At the beginning of a child's membership, every effort is exerted to help him understand the group's policies and his obligations as a member. There is no limit to the number of groups in which a child may become involved, but some questioning is done in those instances in which the same youngster may be in two groups whose over-all purposes are similar. We have never had enough groups to fulfill all of the kids' requests, but they have accepted the plan and most of them feel that their desires are important to the adults and that each

will be treated as fairly as possible under the circumstances to which we all must adjust. Recently, one boy was overheard explaining to another, who had been griping about not getting into the Junior Canteen, "Anyway, Don will have a reason why you can't be in it."

A daily program bulletin announces the names of each youngster and the activities in which he is to be involved. Children are expected to develop personal responsibility for knowing the time, place, and the other details of those scheduled activities in which they are to have a part.

Attendance is completely voluntary! The appearance of a child's name in the program bulletin is only an invitation—a reminder; it is not a summons to appear. Cottage parents are asked to encourage but are cautioned not to force a child to attend a scheduled activity. If a member remains absent from a group for three consecutive meetings, the worker talks with him and tries to determine what the trouble is.

No member of the staff, including cottage parents, may keep a child from attending any activity as a form of punishment for behavior or activities engaged in outside of the group setting. If it is felt that a boy or a girl has behaved so badly that the group meeting should be denied him, a brief conference is called to decide the issue. However, discretion is always exercised in this area, because it is realized that the group from which the youngster may be barred is one which can help him with the very problems that are causing his aggressive and unacceptable behavior.

In regard to the controversy over "treatment," our position is that while our group leaders are not "therapists," they do operate therapeutically; in the strict sense of the term, we are not doing "group therapy," but our groups are treatment centered.

Groups will be described here in relation to their value for meeting three discerned needs of institutional children: to feel and find themselves as individual personalities, to have freedom of choice, and to experience satisfying social relationships. Obviously, within each group in each category the discussion cannot be exclusive or exhaustive, but it is believed that with such a focus the purpose and methods of our program will become clear.

Perhaps the most serious weakness of institutional care is the difficulty in providing for sufficient individualization. A small-group centered program has much to contribute to the recognition of individual differences, and it helps to relieve soul-pulverizing routine. Such a program encourages the development of individual skills and fosters the release of individual expressions.

Because of its intrinsic private nature and demanded individual initiative, the craft-project group provides one of the best opportunities for a child to achieve this feeling that he is a person of worth in his own right and in his own eyes.

Our ceramics group has seven members, both boys and girls, ranging in age from 11 to 13. All materials are supplied to the children, and the completed objects are theirs to do with as they wish. A volunteer and a part-time staff person work with this group from two to four hours on Saturday afternoons. Incidentally, before we embark on this type of interest group, both workers spent a great deal of their own time acquiring the necessary ceramic techniques and were thus able to begin to answer the requests of many boys and girls.

One of the specific goals of this group was to help the members realize and accept the fact that anything that is worth having and showing to others has a price tag in terms of effort and creative thinking. At the outset, we decided against using molds or patterns of any sort with this group. To do so would have destroyed the values and purposes of having such an activity.

At first, the general atmosphere of these sessions was one of loud confusion. The members all wanted to do or to make the same things, and they all wanted the attention and help of the leaders at once. Each was most eager to produce an ashtray, frog, or just "something" to take to his cottage and often worked "in a great big hurry." It was seldom that any child was able to work for long by himself; and, whenever the task became too difficult for him or if he thought he was "spoilng" the bowl or figure, he would demand that the leader do it for him. Then his loud cry of "Look what I made!" rang above the noise for all to hear.

After the group had been meeting for several months, eagerness was tempered as the kids saw the results of not having followed the basic instructions, when their work exploded in the kiln, or when a carelessly applied glaze blistered. To be sure, discouragement ran high at times, and some members gave up and were replaced by eager neophytes on the waiting list. Gradually, the environment became one of serenity and security. Music from a radio, sometimes even opera, blended well with the "thump, thump" of clay being wedged and the delighted cries from one of the children at the joy of discovering some unexpected achievement.

To the children, this familiar and friendly atmosphere, although still very noisy, came to feel safe. It is now not unusual for each member to be engaged in a different and quite creative work. The distinctive and imaginative character of the objects made are proof of

the emotional involvement of the creators, and the youngsters are obviously pleased with many of their products. These youngsters can now face their temporary feelings of discouragement. They have been able to say, "Look what I made!" and realize that they, as individuals, have worked for this feeling of confidence that comes from being able honestly to make such a statement.

It is essential that the institutional child be given the maximum opportunity to make his own choices. He does not have the usual chances for diversion that the child has in his own home. Exploration in all of its ramifications is, for him, necessarily limited. He needs to be reassured that his life, in some aspect at least, is still under his own control.

Comparatively speaking, choice in leisure-time activities is an easy way of providing the child with some of the so-needed faith that his future is still his to find. By emphasizing the initiative and interest of the children in the planning of the program, each boy and girl can hope to have a real choice in the voluntary use of his time. When leisure-time interests can be pursued freely, they help a child to learn to select his activities intelligently, to make up his own mind. Thus, even within a framework of routine, there can be a continual shuffling and searching to meet dynamic needs.

The anxiety of choice, as the children of Franklin Village experienced it, was exemplified in a conversation with a teen-age boy. Although Leroy had attended the Newspaper Club regularly, he kept remarking that he was going to quit. Talking with him disclosed the source of his ambivalent attitude; he always felt he was missing something else when he came to the group meetings. When he was asked what it was that he was missing, he was unable to name anything that he could not have done at some other time. The matter of everyone having to learn to choose what he wants most and then being satisfied with his decision was discussed with the boy. He replied emphatically, "I won't decide! Even if I did decide what I want to do, I still think I ought to do what an adult tells me." The threat of choice was too great. He wanted something, but what that "something" was he did not have the emotional strength or desire to discover.

One of the most realistic experiences we offer the children for making decisions is within the club group setting. These groups operate on democratic principles, within the bounds of agency policy, and their program and membership are their responsibilities. The continual decisions demanded in this setting provide both a threatening and protecting laboratory for the members to experiment with self-determination. At times, a child's personal wishes are honored by the group,

and sometimes he sees the desires of others acknowledged by a majority vote.

The fact that club members are expected to make their own decisions is frustrating to some of them. Barbara has been a member of a club for over a year. She asked if she could join a group "that goes places." It was explained that she was in such a club and that she could help the group decide what activities they would have. Her group could plan for doing the things she had in mind. She did not believe that this was true and so could not take the initiative for doing anything about the situation. Barbara was not yet ready for such complex and demanding social responsibilities, and we helped her to move into a less-structured group, where she might learn, more slowly, the satisfactions that come from making up our minds—with others.

Some of the provocative discussions that are inevitable in club programs are indicated in this record extract of a group of boys and girls, 10 and 11 years old.

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Johnnie said he had been with his mother for Christmas, and mentioned for the first time the imminence of his return home. After a silent pause, he said with really startling sobriety, "You know, four years is a long time to pay." I asked for elaboration, and he said only, "When you work out here, you teach yourself to like it; but I am too small to like it here for four whole years. It's time for me to go somewhere else." For the sake of discussion, Lou took the opposite view. She didn't want to go home, not just to her own home, but to any home, no matter what its qualifications. Why? "It would be so boring I couldn't stand it. You sit around, there's no groups to join."

And now to the third point in our classification of the children's needs—"to experience satisfying social relationships." It is acknowledged that all children need to have a feeling of being loved and wanted. Such feelings are derived from satisfying adult-child relationships as well as from those with other children. Boys and girls who come to institutions have nearly always been deprived of these essential relationships, and so have not known the comfort that can come from easy and comfortable contacts with other people. They have also been deprived of those experiences which encourage the reaching-out for new friendship and love. More than this, they are afraid to try.

The Leisure-time Program has a wealth of opportunity to direct the children toward the acquisition of these needed relationships. It can bring the boys and girls together in a normal and natural atmosphere and can offer achievements with adults and the recognition from adults which the children need.

Two activities at Franklin Village have contributed to the harvest

of some very satisfying relationships: the Junior and Senior Canteens and the Village Council.

The two canteens are held monthly, and the program content is determined by a planning committee of six children. Each party has a budget of ten dollars, contributed by Foremen's Clubs of manufacturing plants in our community. It is the committee's job to determine how best to utilize this money in creating a program and, particularly, refreshments that will please their group.

The atmosphere has been one of personal freedom and relaxation, with little initial interest shown in group games or even social dancing. However, because of these parties, many of the youngsters asked for and received dancing lessons at a professional school on a scholarship basis. Two of our teen-agers who have become really proficient dancers volunteered to work with a dancing class of interested members of the Junior Canteen.

The delicate problem of providing "chaperones" for these events is an inquiry in itself. With some success, we have invited representatives from the sponsoring groups as well as members of our agency's official board. The aim is to have adults around who will enter into the fun and will not detract in any way from the feeling of pleasant, adult associations we try to achieve. At one party I attended, some of the girls were sitting on the boys' laps. I spoke to them about the inappropriateness of this behavior, but still do not know if their conduct was a good or a bad one. When I recall those earlier days, when the boys and girls sat on the opposite sides of the "auditorium" looking at each other instead of the movie, I think perhaps this present behavior was, in itself, more good than bad. Like so much of our work with children, when we devise a new plan for their benefit, it means more problems for the adults.

Recently, a dinner dance was arranged by the Senior Canteen group, with additional funds from the community and from member contributions. This proved one of the happiest experiences these youngsters ever had. The entire evening was arranged by a selected committee. They toured the city to find the "right" place to hold their dance. They discussed such issues as dress and behavior in a public place, the necessity of having corsages and boutonnieres, what to do about the members who didn't know how to dance or wouldn't care to, and a list of the adults whom they wanted to have with them for the evening. The pleasure for the youngsters came not only from the good time they had, but from their realization, which they were able to verbalize, that they themselves had created their own "big night."

The Village Council is a discussion group, charged with the re-

sponsibility of helping to make life at Franklin Village the best possible growing experience for all children, while they are with us. With good faith, the staff has been cautious in determining and specifying the limits within which this group has the proficiency and the prerogative. An advisory committee, composed of the executive and a spokesman from each service area, provides guidance and support for the worker assigned to the council.

The council is made up of one or two representatives from each cottage, and it selects new delegates when necessary. In weekly meetings, the members work to arrive at a representative viewpoint regarding any aspect of village life. This material is then presented to appropriate administrative personnel for consideration and action.

The council has concerned itself with the publication of a bulletin on "How To Get To See Your Caseworker"; the compilation of policies regarding smoking; a criticism of the methods for medical care; a jarring but illuminating interrogation of the Leisure-time Program; very intense and realistic objections to attitudes and actions of cottage parents, which implied the members' feeling that the cottages seem to be run not for the benefit of children but for the convenience of adults. Upon two occasions, the council invited the executive secretary and the director of Institutional Services to their meeting, and the ensuing session slowly took on the form and tone of a Mike Wallace interview.

The council has presented questions and just charges for which we must find explanations and resolutions. We have discovered that many staff concerns are similar to the "gripes" the council has brought to us. The executive recently expressed the feeling that he was looking forward to a cessation of this bombardment from the council for the summer.

Perhaps the ultimate value of this group experience to the members has been the learning of new social values. They have been in closer emotional contact with adults than ever before, and have had to work together in the sharing of intense feelings and attitudes. Individual members have grown tremendously in their ability to express and discuss their thoughts, not only among themselves but with adults. The council has been the best device we have found for helping some of our children learn the basic principles and processes of democratic action. Even after their ideas have been discussed and collected, the members now realize that this does not mean action or change "tomorrow morning," but they have witnessed the successful and democratic acceptance of some of their hopes and plans. The council offers yet another opportunity for comparatively high-level participation

in a group with important purposes for those who are ready to take part in this type of relationship.

The Village Council operation is an adventure story all its own, just as are the other activities that can only be touched upon here. However, it illustrates the good results possible from more and closer co-operation between the staff and the children. Undoubtedly, the council has narrowed the usual and lamentable gap which most institutions create, intentionally or no, between the adults and the children, all of whom must live together in a community that is often too indigenous and yet much divided in point of view and direction.

Before concluding, let us explain briefly the resolution, if not solution, of four enigmas of institutional life, closely related to the Leisure-time Program. First, the concern with helping the children learn that they can and must "earn their own way." Offers of help have traditionally been in the form of free tickets and of invitations for the children to participate in community events as "underprivileged" or as "orphans." This is and has been one of the forces against which we have had to fight the hardest. With financial support coming from many cottage "sponsoring" groups in the community, we have developed a system for the paying of "allowances" to the youngsters. This allowance is earned; it is not a weekly gift. Our children are beginning to fathom and appreciate the connection between work and wages, the relationship between doing an accepted job well, being paid for the task, and then experiencing the excitement that comes from buying those things or events that they have decided are important to them. There is a village bank where a child may have a personal account and his own checkbook. The thoughtful planning that goes on around saving for Christmas shopping, the state fair, and camp is most revealing.

Another area of concern is that of the religious training program. After five years of attempting to live up to what was thought to be the public's expectations to provide "good moral training" and therefore to demand an interest in Sunday school from every boy and girl, we have gradually moved to the point where going to Sunday school is considered a privilege. While all the boys and girls who wish do attend churches in our community, we do not believe we have any real understanding of how an honest religious philosophy can help in the rehabilitation of disturbed youngsters. Our local council of churches has been as much at sea as we have been. However, beginning in September, under the leadership of a seminarian, oriented in the philosophy and methods of social work, we are going to make another attempt at finding some of the answers. (11)

The ancient nemesis of all institutional work, that of the children feeling different from and being judged "not as good as" children in the community, truly presents a challenge. We believe that by multiplying and developing healthy trends, running from the community to the institution, some of the aspects of this inevitable isolationism and some of the stereotype of the institutional child can be altered. There should be many opportunities for the children to leave the campus and participate in school and church activities and in all the community adventures in which all children are interested. It is essential, however, that the institutional child be able to do these things in exactly the same manner as the other participants. We are currently struggling to find the best plan for handling the important groups of "tourists" from the community. The implications of having these visitors around are far reaching.

The intricate problems of public relations with many volunteer groups and individuals get a great deal of our time and attention. Volunteers who work with groups are considered a part of our staff. Our standards are high and our procedures for utilizing all kinds of volunteer help are geared to the belief that it is never right to accept help unless it can be incorporated into the over-all goals of the institution. We often say "no"!

Some of the old walls are crumbling, but we are painfully aware of formidable obstructions to further advances. We have not yet been able to mold our several services into a meaningful whole—a treatment plan for each youngster. We have felt that the Leisure-time Program is too far ahead of the pace yet attained in the other areas. To say this is not being egotistical. It is the result of a recent evaluation, and we have seriously questioned the validity of our program in this regard. Should the agency pay for a service which we have only superficially succeeded in incorporating into the total effort made to help the children?

A great deal needs to be done in helping the casework staff to involve itself in an understanding way. Often a group member reaches a point beyond which we cannot help him to go in the group setting, because further growth must come either from direct casework service, or through co-ordination of help that the caseworker and group worker must provide together.

We know that our cottage parents hold some of the keys to the future progress of the program. Whatever inadequacies and strengths they may have, they are the ones who are the closest to and have the most continuous relationship with the children. Only if they understand the program and its purpose can our leisure-time activities achieve their maximum usefulness. We have tried to develop in-

initiative and interest on the part of our cottage parents to devise activities for their cottage group and not always depend on program staff for the parties and picnics that can be of such value to these living groups. We are seeing some signs of stirring in all these directions and hopes are higher.

Even with all the problems and questions that remain the children at Franklin Village do seem improved in attitude and personal adjustment. In comparison with the state of things seven years ago, the atmosphere is definitely one of more relaxation and security. The extent to which this improvement can be attributed to the Leisure-time Program described cannot be determined accurately, nor is it the purpose of this paper to do so. Perhaps it can be said that the program has acted and can continue to act as a sort of bellbuoy, as an encouraging sound in the sometimes discouraging confusion. There seems to be no doubt but that the program has given the children opportunities for pleasurable and worthwhile play. It has provided an environment in which many of the children have found safe openings for the release of the intensities of institutional life. It has made a contribution toward helping the children think of themselves as individual human beings, and they have experimented with making their own decisions. It has provided a vehicle for the formation of satisfying relationships among the children, and between the children and the staff. There is every reason to believe that the program can continue to improve and to help increasingly in building the ability and the desire to live the richest and most constructive life possible into the life of every child.

Regardless of the tremendous weight of dead tradition and the burden of incessant financial crises, public institutions can provide more truly helpful care for their children. What we have been able to do can certainly be done by any group that believes in the principles we have utilized and that has the conviction to stand by that in which it believes.

Those of us who earn our living by working for the greater welfare of children need to remember that it is always a privilege when children permit us to enter their world. When they do, it is only because they want our help and are convinced that we are capable of giving it. We need also to remember that this privilege has a price. The price is knowledge, imagination, and a kind of sober dedication to the belief that what we are doing is the most important contribution we can make to human betterment.

In all of this, one caution—do not allow yourself to become institutionalized!

Group work with physically and emotionally handicapped children in a summer camp

RALPH L. KOLODNY AND VIRGINIA M. BURNS

1. STRUCTURE AND METHODS OF THE CAMPING OPERATION¹

RALPH L. KOLODNY

19 One frustrating but vital lesson we have learned in group work is that the techniques, procedures, programs, and media used are all, in a sense, double-edged in terms of possible effects. A particular technique may be extremely helpful when employed with a group with which we have worked for some time, yet quite inappropriate for use with a group that has just begun to meet. A program activity which enhances positive relationships in one group may have a negative impact upon interaction in another. Summer camping as an instrument in group work is no exception. A camp experience can offer a child support for his strivings toward independence and enable him to deepen his associations with peers, but it can also stifle these strivings and precipitate a retreat from social contacts. It is important, therefore, that we regard camping with the same critical eye that we view other aspects of our operations and that we clarify and examine frankly its problems as well as its promises.² This is not easy to do. It is hard,

¹ The author is indebted for material and observations on this subject to Marjory Warren, Corinne Carr, and James Garland.

² Two helpful articles in this connection are Fritz Redl, "How to Howl with the Wolves," *The Nervous Child*, Vol. 6, No. 2 (April 1947); and Elton B. McNeil, "The Background of Therapeutic Camping," *Journal of Social Issues*, Vol. 13, No. 1 (1957).

for example, to separate ourselves from our impressions of campers' happy excitement on a trail-blazing hike or the very real camaraderie around a campfire in order to look also at such phenomena as separation anxiety or staff ambivalence toward the deviant camper. Those of us who work in specialized camp settings, however, are under a particular obligation to do so. Our concepts, methods and experiences must be presented in such a way that they will be susceptible to critical evaluation and use by others in the field. This is the purpose of this discussion.

The Department of Neighborhood Clubs of the Boston Children's Service Association is a group work department which functions as part of a large child welfare agency, the Boston Children's Service Association.³ The department provides group work service to physically handicapped and/or emotionally disturbed children who are experiencing marked difficulties in their social relationships. Children are referred to the department by casework and group work agencies, child guidance clinics, hospitals, school guidance departments, and children's residential institutions. Sometimes an entire group of disturbed or handicapped children are referred and accepted for service. Often, however, children are referred individually by agencies and a group of relatively normal children is formed around each of them in his own neighborhood. At least half the groups are of this latter type. Groups meet in homes, schools, neighborhood institutions, and agencies. In all our groups we attempt to provide opportunities for the sublimation of drives through programing and for the learning of more effective methods of social interaction through increasing self-awareness in social relationships. In those formed around a single child we are concerned with the emotional well-being of all the members, but we are also directly interested in enabling the referred child to establish himself as a more comfortable, adequate, and accepted participant in the most meaningful natural group in his environment, that of his neighborhood peers. At present the department works with some thirty-five groups each year. Groups are led by full-time professional group workers, by group work students, or by professional workers and graduate students in related fields, such as casework or education, who work with us part time and are supervised by the full-time staff. It is our impression that work with any child has a greater chance of being effective if it can be combined with individual service, casework, or psychiatric treatment.

³ For other material relating to the department see Richard Bond, Virginia Burns, Ralph Kolodny, and Marjory Warren, "The Neighborhood Peer Group," *The Group*, Vol. 17, No. 2 (October 1954); and Ralph L. Kolodny, "Research Planning and Group Work Practice," *Mental Hygiene*, Vol. 42, No. 1 (January 1958).

The aims of the service and these approaches to group composition are reflected in the camping operation. At camp as in the city we are interested in furthering the integration of handicapped or disturbed children with their "normal" age-peers, wherever this is feasible and clinically desirable. The members of several club groups attend each camping session together. In this setting, even if his own regular club group is composed entirely of other handicapped or disturbed children, the handicapped or disturbed child is brought into close contact with a number of youngsters who are relatively normal and stable.

At least 30 percent of the campers during any one session are mildly to severely disturbed, which poses, of course, many difficulties (often euphemistically referred to as "challenges").

The camping program evolved slowly as have most creations in group work, and in response to needs which the department felt were not being met. For a number of years, the department had spent a considerable amount of money in helping various club members to attend the camps of other agencies which was expensive and often not very effective because many of the children could not tolerate highly organized camps. Then a small piece of property was made available for camping and the department began to experiment with this. At first, groups used the campsite singly and only overnight; then later, still on an individual basis, clubs began to come to camp for three days at a time. Finally, a system was instituted under which several boys' clubs came to camp at the same time for a one-week session and then several girls' groups for the next and so on through an eight-week session. These sessions were later extended to eleven days, with twenty-five to thirty campers attending each session. In 1957, the camp was changed into a coeducational camp with about twenty boys and twenty girls attending eighteen day sessions together.

At first camping was seen primarily as a kind of pleasurable addition to the lives of socially deprived children. Almost from the beginning, however, there was a realization that the practice of camping with department clubs had its own set of peculiar problems. Programs and routines, it was soon recognized, had not only to be carefully thought through, but their effects had to be constantly assessed. A highly sensitive camp staff was not just desirable: it became a major necessity. As it developed, not all club members were responsive to this experience. Some were clearly frightened and unhappy at camp. The severely disturbed youngster did not put aside his problems and "forget himself" when he entered the camp grounds. Being out of and away from his pathological home and community situation did not necessarily relieve his tensions.

The pressures of work with such youngsters provided one force which moved the staff into thinking of our camp as a "specialized" setting; as a place where usual camping practices would have to be modified, adapted, and added to in order to manage even the surface behavior of some of the campers. There were also other forces which motivated the staff to develop specialized camping and to gear practice to aims which went beyond providing a pleasurable and broadly socializing experience to campers. Observations of camper behavior led to the hope that we could help at least some of our campers to handle better their difficulties in relating to others. Staff came to feel strongly that although camping was by no means a "cure" for our sick youngsters it could be used as a diagnostic and therapeutic adjunct to the year-round group work service being provided them and to their individual case-work or psychiatric treatment.

Some youngsters displayed evidence of constructive change. Even a brief camping period of a week or ten days seemed to help certain children relinquish for a time some of their maladaptive patterns, to develop new skills and to rely on more mature methods of relating to others. Some carried this over into their behavior in club and school in the fall. One case in point is that of Ned, an emotionally disturbed 13-year-old boy, who also had Jacksonian focal-type epilepsy with paralysis of one side. Camp staff observed that:

At first he was somewhat upset by the aggression of the other campers and often complained to his counselor. Within a few days he began to enter into some of the "rough-housing." At times he would strike out without apparent provocation. When the boys would retaliate he would either seek out his counselor to complain, burst into tears or threaten to run away. During the first few days his counselor spent a good deal of time helping him to see that this kind of behavior was not appropriate. By the end of the session this pattern had almost disappeared and he was able to play and compete on the same level as most of the other campers. Ned made greater progress than any of the other boys. . . . He participated in games involving physical contact and competition. He did not seem to have many fears about being hurt. . . . He was among the first to show interest in our Indian campsite project and sustained his interest throughout the session. He showed unusual drive and determination. . . . Although he had two or three seizures almost daily, he was generally in good health and did not seem to suffer any ill effects from the strenuous camping session.

Later in the year a summary on his behavior in the group included the comment that:

There was some evidence of carry-over (from camp) into his school and group experience. He would say to his leader in par-

ticularly challenging situations, "Remember in the beginning you had to carry me like a baby, but this year I can do things myself". . . In school his progress was so marked that plans were made to extend his school day and place him in a more advanced class.

Thus, on the one hand, because of the demands for constant and close study of techniques on the part of staff made necessary by the camp population with which we were working and, on the other, because of our perception of the camp's therapeutic potential, the department moved into a specialized form of camping.

Several procedures are employed in preparing members for camp. They include discussions on the camp and its program with the entire club group, well in advance of the camp session; home visits to individual members made by the group leader or another staff member and focused specifically on questions and feelings the youngster and his parents may have about camp; afternoon or overnight visits to the camp itself, which is only twenty miles from the city; and joint outings with other clubs that are to attend camp, sometimes at camp itself and sometimes in other settings. These procedures can actually become quite involved and they are not always carried out with the thoroughness we desire. In some cases, for example, the individual home visiting mentioned above may be limited to the referred child in the group because of pressures on workers' time. Our attempt, however, is to follow through on all these procedures whenever feasible. It should be added that we do not see these preparatory measures as a means through which group members will resolve their worries and enter the camping period without anxiety. This is manifestly impossible and probably not even desirable. But the implementation of these procedures by the leader does help members meet a new situation gradually rather than abruptly and gives them an opportunity to share concerns with the leader and with each other along the way.

It may be felt that too much is made of this matter of anxiety and negative feelings. We do not deny that other kinds of feelings exist and that in some groups the dominant note is one of eagerness to attend camp. One cannot disregard the fact, however, that there is always some underlying apprehension on the part of members, some fear of what camp means and of what the experience will require of them. This is often reflected subtly. Members, for example, frequently ask their group leaders if they will be at camp, too, indicating their wish for someone familiar to whom they can relate in this new setting. Sometimes their fears come out in less concealed fashion. One teen-ager who had been a club member for six months, for example, asked his leader if the agency ran a camp where boys went

"who got into trouble." He said his grandmother had told him that a neighborhood youngster who had been "in trouble" recently had been sent away to a camp and she had thought that this camp was run by our agency. The more disturbed the member, the more likely it is he will have unhappy fantasies of the sort reflected in this kind of question. But no member is totally free of them.

Members of groups are not pressed to express these fears, but if fears are in some way evident they are helped to talk about them, either individually or as a group. This is not to imply that the emphasis in discussions about camp is solely on worries, anxieties, and fear. There is often a good deal of verbal interchange concerning the pleasant and exciting things that can be engaged in at camp. But leaders do indicate that it is not unreasonable to be worried about the forthcoming experience. In relation to this they point up the realities of camp in terms of staff, program, and organization. Then, through bringing members for pre-season visits to the camp, accompanied, if possible, by introductions to personnel and other children who will be there, leaders attempt to give concrete form to some of the realities they have described. This can serve to diminish members' apprehension. Some youngsters directly express a feeling of relief when they realize the camp and camp population will be small.

Seeing and being with other groups previous to camping together can be valuable also. Not that intergroup reactions are always positive or friendly. Sometimes there are frictions and the behavior of some or all of the members of one group may prove upsetting to the other. Occasionally, although this has been rare, a group may decide not to attend camp after such a meeting. But through these outings members know better what to expect of other campers and their decision to go or not to go to camp can be more reality-based than would otherwise be the case. Whatever the other results, such get-togethers provide members with a chance to discuss their reactions toward other potential campers and to receive help from their leader with their feelings.

To illustrate the possible benefits of precamp intergroup meetings: in one case the members of a teen-age club formed around a girl with an orthopedic handicap held an outing with a group of quite disturbed girls all of whom had a history of deep problems, ranging from severe neuroses to psychoses. The leader of the former group was struck by the fact that her girls perceived only two of the six disturbed youngsters as markedly different. They interacted and played with them fairly well and were willing to attend camp with them, which most of them later did. It is quite likely that had the disturbed group

and their problems been described to the other club without any meeting between the two, the latter's fantasies about the former would have heightened their fears and resistance. Instead, these were reduced to the extent that they were able to accept the idea of these girls as campmates.

One should not lose sight of parental involvement in all these matters. Interviews with parents while their children are being prepared in the manner described above can be helpful. During home visits, the worker's attitude allows them to go beyond the standard questions about camp and to express some of their concerns. In turn, they can be helped to see that staff members understand that separation from their youngsters even for a short period can be anxiety-laden for them, too, and do not consider them "bad" for feeling this way. All these preparatory measures also give workers an opportunity to assess more accurately the readiness or lack of readiness of group members for this type of camping experience.

Even as group members have to be prepared for camp, so must camp staff ready itself for their coming. The previous work experiences of counselors are helpful in this connection. But these have to be thought of as a necessary rather than a sufficient condition for their readiness to work with this type of camp population.

Between 1953 and 1956, our camp operation was characterized by eleven day camp sessions, single sex groups, and a population of twenty-five to thirty campers. The typical staff roster during these years included five men and five women plus a cook, her assistant, and a caretaker. Two or three full-time department workers were always on the camp staff. They carried administrative and supervisory responsibilities, but were also involved in direct work with campers. Of the remaining seven or eight camp staff members four or five were usually student group workers or caseworkers about to enter their second year of social work training while the others were undergraduates interested in social work or graduate students from related fields. By general camping standards this is a well-trained staff, containing a fair number of individuals with formal social work education and experience in working with children. Even a staff such as this, however, needs continued training during the camp season. The full-time workers who are responsible for training have experimented and will continue to experiment with various approaches to this—they, too, are learners as well as teachers in the training situation.

One of the things they have learned is that the counseling staff is a group, at first a group in the process of becoming, and later one in fact. Taken by itself this concept simply states the obvious, but it has

manifold implications several of which should be mentioned. One of the most basic is that counselors have needs as members of a working group which cannot be neglected. They need an opportunity in the course of their training to learn together and from each other and to develop mutual regard in the process. They need a chance to evolve group norms and a sense of identity as a group which will support them individually as they meet the crises that are an inevitable and recurrent feature of this type of work. They need to feel that those responsible for supervising and training them are not divorced from actual work with campers but have intimate knowledge of the tasks with which the counselors are faced and consider them important. They need opportunities to be dependent upon the full-time workers who direct the camp. But they also require understanding from those in directive positions when their dependency is sometimes colored by hostility and, as a group or individually, they act this out through resistance of various types. In this connection, one of the objectives of their training is to disabuse them of the notion that the good counselor is an omnipotent individual who is never upset and who can master any threatening situation through his own resources without reference to or help from others.

The task of designing a type of supervision and training to meet these needs of the counselors is by no means an easy one and there is a good deal still to be learned. But a useful structure for training has evolved over the past five years. It includes: (1) Extensive training meetings at camp during the week prior to its opening; (2) a preperiod meeting before each new camp session; (3) individual supervisory meetings, which amounted to one or two per session when eleven-day camp sessions were the rule; (4) meetings of total staff, usually two per session; (5) small group meetings, one per camp session prior to 1957; (6) a postperiod evaluation meeting after each session; (7) a postcamp evaluation meeting at season's end.

During precamp training meetings, traditionally, we have stressed teaching and sharing of knowledge on program activity skills. This is particularly important in a camp where there are no designated specialists. At these meetings, also, there is regular and detailed discussion on our methods of handling behavior and their rationale; and the administrative staff begin to highlight social work concepts through case illustrations. The attitudes of full-time staff are crucial during these meetings. If the manner in which they handle this material leads the social work students to feel left out and devaluated, they, in turn, are likely to devalue the counselors who are not social workers because of their lack of special social work knowledge. At

the same time, the non-social workers have to be helped to see the pertinence to the issues at hand of ideas and experiences from their own backgrounds. All this has to be kept in mind during the individual supervisory conferences which also begin during this period.

Intrastaff social activities, which play a large part in reducing tension, are usually introduced as early as possible. But, we have found, caution must also be exercised in this connection—at the beginning some counselors are less ready for close interpersonal contact than others. Just as with some members of club groups, certain counselors may need to interact in stereotyped ways through task-oriented activities before they are ready to relate on an informal basis.

The content of all training and supervisory meetings is oriented toward concrete problems in direct work with particular individuals or groups. There is an attempt, however, to make explicit the general issues to which specific methods are related. Most of the techniques that are discussed are supportive or diversionary in nature—acceptance, indication to children of alternatives for action, capitalizing on whatever adaptive skills exist, sublimation through program activities. But exploratory techniques and methods for clarifying feeling, which are primarily the province of the professional members of the staff, are also considered so that each staff member, hopefully, knows what the other is doing. Consistency of approach, even with variation in technique according to professional training and skill, is the aim.

The kind of material presented for discussion at various staff meetings throughout the season may be illustrated by the following brief segments from a summary on precamp meetings two years ago. Under discussion was a very disturbed group of girls that had been at camp the previous summer and was now to return:

In programing for this group it was felt that program structure should be flexible enough so that any of these girls could withdraw from activities as she felt a need to. Coverage of activities should be arranged so that counselors might participate in individual activities with any one who withdrew, whenever this was clearly necessary. . . . Counselors, however, were asked to be careful not to "play into" the pathological needs of these girls. This was especially emphasized in the case of B, whose caseworker, after visiting her at camp last summer, had been quite definite on this point. The director on the one hand suggested that any counselor who was present on an occasion when B regressed into deep depression should not abandon her or refuse to allow her to talk about her individual problems. At the same time she emphasized that the counselor should not focus his efforts on handling these problems directly, but should try to relate the discussion to reality and attempt to bring B back

into participation with the group. To do otherwise, it was pointed out, would reinforce B's problems, rather than relieve them. . . . The problem of relationships between these girls and male counselors was also discussed. The previous year's experience in this regard was cited and it was agreed that male counselors would have to be particularly wary of building up intensive relationships with the girls, the effects of which they might not be able to handle. Apart from other difficulties the creation of such intensive relationships might raise, it was suggested that it could reinforce the tendencies toward withdrawal of some of the members by causing them to pull away from activities in order to force male counselors to seek them out individually. N's behavior of the previous summer was particularly emphasized in this regard.

In addition to meetings and conferences in which matters such as the foregoing are taken up, counselors have been involved, since 1955, in providing material and ideas for the modest research projects undertaken during one camp session each year.⁴ This has meant substantial extra effort on their part. Yet counselors' responses to work on these projects have been markedly favorable. Several have even used ideas derived from this research in organizing some of their experiences for special reports, entirely on their own initiative. It appears that despite the additional responsibilities for observing, remembering and reporting this requires, and all the attendant discomfort involved, participation in research has heightened counselors' sense of the value others place on their efforts. We have thus come to see these research projects, in part, as an adjunct to over-all staff training.

As I have implied, this system of staffing and training is not without its drawbacks. Non-social work trained personnel, for example, are not in the majority as they are in most camps. They can easily come to feel isolated or overly competitive. Our counselors generally appreciate close working relationships with those in directive positions and appear to feel positively toward the fact that our full-time workers do not only administer but work directly with campers. Each summer, however, there are some who complain, and not entirely without justification, that those directing camp do not function in a more clearly authoritative way. Such counselors seem to need to turn to "authority" for support and find there is not enough opportunity to do so in this setting. We have some concern that we may be giving counselors too heavy a dosage of instruction and supervision. The demands on their physical energy are unremitting and when a great

⁴ See, for example, Ralph L. Kolodny and Virginia M. Burns, "Specialized Camping for a Group of Disturbed Adolescent Girls," *Social Work*, Vol. 1, No. 2 (April 1956), pp. 81-89. The research program of the department is jointly supported by the Charles H. Hood Dairy Foundation and the Warren Benevolent Fund.

deal of intellectual and emotional challenge is added to this the potential for tension is high.

There are no facile solutions to these problems. In dealing with them, however, we have found it helpful to keep one broad idea in mind. This is that campers' welfare, in the last analysis, is dependent upon the welfare of counselors. If counselors are to perform at an optimum level, each must feel not only that he is being "taught" and "evaluated"; he also has to sense that he is being understood, respected, and supported as a person. Those responsible for directing camp must act accordingly.

In organizing our camp's pattern of daily activities we have, since the beginning, tried to follow several operating principles. These principles may in some respects appear contradictory. In practice, however, they must be reconciled if we are to create the kind of climate which will be helpful to a set of campers among whom are numbered so many troubled youngsters. On the one hand, we believe there must be enough regularity in the pattern of activities for campers to gain security from consistent contact with that which is familiar. On the other hand, there has to be informality and flexibility in this pattern so that campers are not forced to stay with any activity beyond their limits of tolerance. Program activities, we feel, should offer opportunities for close relationships with peers and for the camper's use of whatever capacities he has, however limited, for sharing, playing, and working with others. But activities must also be arranged so that he can regress to some extent and retreat from group contacts if he has a need to, without feeling totally abandoned. We are also aware that although some of our campers may at times literally resist gaiety and feel threatened by fun, the program activities must provide substantial opportunities for pleasure. If we cannot offer youngsters stimulating activities which promise enjoyment, our over-all effort with a child or a group at camp is likely to be unsuccessful.

A great deal of ingenuity is required in implementing these principles. In line with them a focal point in the camp day is the daily camp get-together after breakfast. At this time the special activity choices for the day are announced by the program director who also asks for any additional suggestions from campers. The activities proposed come from three possible sources. Some have been planned beforehand by counselors on the basis of staff discussions regarding the needs of particular individuals or groups. Some have been worked out by the members of one cabin group⁵ with their counselor or by campers

⁵ Although most of our campers sleep in two dormitories partitioned into sections and we actually have only one cabin, we are using the phrase "cabin-group" rather than "dormitory section-group" because it is less awkward.

from several different groups and others are suggested by individual youngsters. Campers then choose the activity they desire and the group they wish to go with. Counselors, again on the basis of previous staff discussions, may also seek to draw in particular youngsters on certain activities. By design, one or two counselors are left without assignment to an activity group so that they are free to go with any youngster who does not want activity with any group.

This daily camp meeting requires much sensitive handling on the part of staff. We are not unaware of its dangers and know, for example, that too much free choice can be confusing to the youngsters. Despite the difficulties it involves, however, we have found that, by and large, this system has been manageable and effective, not only with the smaller camp population of previous years, but also with our present camper group of forty children. One fact of particular significance here is that at these meetings the intense sharing of ideas among staff and campers can provide many of the children with an important experience in new ways of relating and being related to by adults.

Most activities are carried on in small groups. Although these small groups are often made up predominantly of youngsters from one cabin-group, we do not lay heavy stress upon the cabin-group as an entity which we would like to see strengthened and unified above all else. This type of group can be a major source of support to the disturbed child.⁶ We certainly do not try to thwart cohesive tendencies within our cabin-groups if these exist or develop. One must be wary, however, of overemphasizing the cabin-group and making the individual camper's participation in it of overriding importance. Even our more stable campers need periodic relief from intense interaction with the same small group. Our troubled campers, especially, have to have frequent opportunities for contacts with others on a less intense and more diluted basis. They need a chance from time to time to seek out individuals, groups, and activities in a way that demands less of them in terms of personal involvement. We must take care that in our attempts to avoid leaving the child unnoticed and lost in the camp group as a whole, we do not subject him to what might be termed "the tyranny of the highly organized cabin-group" which may be just as damaging to him emotionally. Our programing arrangements, therefore, not only allow the pursuit of individual interests, but also permit considerable crossing of cabin-group lines in the choice of activities and activity groups.

⁶ Some of the positive aspects of the cabin- or tent-group system in specialized camping are discussed in John B. Herzog, "Camping for Physically Handicapped Children," *The Nervous Child*, Vol. 11, No. 2 (January 1956); and in Gordon J. Aldridge, "Program in a Camp for Emotionally Disturbed Boys," *The Group*, Vol. 16, No. 2 (December 1953).

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Enjoyment in learning concrete play and work skills, the pleasures attached to the anticipation and performance of particular program activities are naturally important to our campers. We must not forget, however, that what these children derive from camp depends on something more basic. One group of preadolescent girls put this in its most naïve and yet clearest form. While driving them home at the end of their camp session, the director of the department asked them what they liked most about camp. Almost in chorus, they replied, "The people."

2. EXPERIENCES WITH A COEDUCATIONAL APPROACH

VIRGINIA M. BURNS

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In addition to the concepts and methods described in the previous paper, there are several fundamental issues which require special consideration. Among the most important are those relating to intake procedure and group composition.

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Until 1957 our camper population was made up of approximately twenty-five campers in each session, representing four to six groups. Not all clubs are encouraged to attempt camp. Those in the initial stages of development, which have not yet reached a level of functioning that enables them to relate meaningfully to other groups, often are not included during their first year of group experience. Those clubs whose members have little or no ability to control their hostile impulses when placed in a permissive living situation do not go to camp. Such children are apt to exploit the permissiveness and tolerance of other campers and staff to the detriment of the total camp population. Some groups that are undergoing termination are encouraged to make use of other camping facilities, such as those operated by the usual group work agencies, so that dependence on our department is not prolonged unnecessarily.

In addition to determining which club can make use of the camping situation, the department staff has to decide which type of clubs can

be handled together. In this connection it is necessary to consider age range. In our early camping ventures, the camper population totaled eighteen. In such a small group, it is virtually impossible to develop a program that serves the interests and needs of children of varying ages. For this reason the camp population during each session was composed of a specific age group. As our population increased, however, it became necessary and feasible to include a wider age range. During the period of expansion we experimented with a variety of age groupings. Out of this experience we concluded that a wide age range is more helpful to our campers and leads to less rivalry among them than an arrangement in which the age difference among groups is slight.

Incorporation of physically handicapped campers also raises special problems. Because of the flexibility of the program and the highly individualized approach, the camp can take several children with a variety of physical handicaps. However, there are certain limitations on our capacity to absorb youngsters of this type. In a group composed of many emotionally disturbed children, the number of physically handicapped may have to be restricted. The demands for physical care and attention which the severely handicapped child makes must be weighed against the needs of the other campers. Any emotionally disturbed camper who perceives that he is not getting his just share of attention is apt to displace his hostile feelings on to the vulnerable physically handicapped child, thus intensifying the problem of adjustment for both campers.

The nature of the handicap itself, however important, is not the chief determinant. Rather, it is the child's attitude and his ability to accept his limitations as well as the attitudes of other campers. For each child who requires special assistance in getting about, we feel there should be one additional staff member.

Another important factor to be considered in groupings is that of the range of camper personality characteristics. In any session, campers vary in behavior from withdrawn to aggressive. One of our responsibilities is to structure the population so that neither extreme in behavior predominates, and so that at least half the total number is composed of relatively normal children.

We also feel that each group in any one camping session should be able to find within the camper population at least one other group which, from some point of reference important to the members themselves, has something in common with them. This may be the symptom itself, age, social class, religion, or interest. This does not mean that we strive for homogeneity. On the contrary, in our attempts to widen the interests and experiences of the campers, we seek a more hetero-

geneous population. It has been our experience, however, that campers can tolerate heterogeneity only if they find some other campers with whom they can share common feelings and experiences.

The problem of grouping extends beyond that of structuring the total camp population. The composition of each living group is of equal importance. Until 1957 the living facilities for campers included two dormitories and a cabin. The dormitories are on the second floor of the recreation building in the center of the camp's activities. The cabin, set somewhat apart, places more demands on the members for functioning as part of a closely knit group. We use it, therefore, for more mature, better integrated clubs which are able to function independently. The dormitories are more protected, less isolated, and place fewer demands on the campers for functioning as members of a cohesive unit, and are used, therefore, for newer clubs or for those whose members are highly individualistic. Living groups are arranged, whenever possible, so that each camper lives with others from his own club as well as with members of at least one other club. Groups are structured in this way so that no one club is isolated, because we feel that isolation intensifies feelings of difference.

Here is one example of our attempts to integrate clubs:

A club of five very disturbed adolescent girls was being considered for camp. As part of the process of preparation, the girls were brought into contact with several other potential campers. On the basis of interaction during precamp meetings, the club was grouped with three girls from another club of the same age and socioeconomic status. Being relatively stable, these three girls were less threatened than many of the other potential campers by the bizarre behavior of the five girls. Similarly, the more disturbed girls appeared to be comfortable with these three girls who were not as aggressive or as demanding of adult attention as many of the other campers. Both clubs were involved in the planning, and both agreed to the decision. Our goals were to provide opportunities for the disturbed girls to identify with their more stable peers and to give the normal girls the ego-strengthening experience of helping others to adjust to the camp. They lived in the dormitory, and few demands were placed on them to function as a unit.

Our criteria for grouping campers are admittedly broad. Too little is known as yet about the dynamics of group behavior to enable us to set down specific techniques for grouping. Sometimes our predictions about how campers would function in a specific living group have been wrong, and we have had to make shifts in group composition in order to reduce interpersonal tensions. On the whole, however, we have found that in an accepting environment in which there is a high degree

of gratification for the individual, groups can tolerate wide variations in personality and behavior.

Careful intake procedure and attempts at balanced groupings do not assure us of a successful camp operation. We have to pay continuous attention to the complexities of group processes and develop a variety of techniques in order to facilitate the therapeutic effects of camp life. It is beyond the scope of this paper to present an exhaustive picture of our methods. Some further discussion of the basic premises underlying the operation of the camp, however, may be useful.

We are convinced that every phase of camp life should be an integral part of our total design. This means that the physical plant, the policies, and the routines assume as much importance as the program itself, and that the relationship between the cook and camper may be as important as the camper's relationship with the professional staff.

For disturbed children a new environment and new experiences are threatening. In order to help campers bridge the gap between home and camp and to enable them to move into new experiences with lessened anxiety, we have attempted to create a family atmosphere. The living rooms and kitchens are designed to create an informal climate. During the precamp visits and while camp is in operation, the children are given the opportunity to involve themselves in planning for changes in the physical plant. Last year, when we proposed to the club members the plan of purchasing new property and making the camp coeducational, we discovered that there was as much surface anxiety about having to move into new quarters as around the issues involved in coeducational camping. We attempted to deal with the problem by involving as many club members as possible in the structural changes. With the exception of last year, physical changes are introduced gradually, so that campers are not required to make constant adjustments to them. The stability of the physical plant enables them to accept more easily changes in camper population and personnel. This is true, however, only if there is some carry-over of campers and staff. The fact that there are relatively few changes in the administrative staff, all of whom are members of the year-round department staff, is a source of comfort and security for the campers as well as a means of providing continuity in the camp's operation.

We have found it necessary to develop a variety of techniques to alleviate the campers' initial anxiety. In order to take some of the strangeness out of the situation, we allow the children to surround themselves with the familiar and the dependable. As a means of assuring them that they are not completely cut off from home, we allow them to bring to camp toys, dolls, radios, and other prized posses-

sions. Although the use of the telephone is supervised, campers may call home when they need to reassure themselves that their parents have not deserted them. The fact that both parent and child may look forward to Visiting Day at the end of the first week often eases their anxiety around separation. Despite the tensions it creates, we have found that Visiting Day has many values. For some parents, just an opportunity to see that the camp is a comfortable-looking place is sufficiently reassuring. Others need to talk with the personnel and be assured that the staff are aware of the child's problems and are trying to make the camp experience satisfying for him. We have found in many cases that the parent's ability to allow the child to consolidate the gains made at camp can be furthered by a visit to the camp.

For the campers there are many strains attendant upon Visiting Day. Robert is a case in point. He has been at camp for three years and his asthmatic attacks always occur on Visiting Day. The case of 12-year-old Carol gives us another example. On the day after Visiting Sunday, she made several wild attacks on a younger camper. Her counselor confronted her with the statement that Carol seemed to be angry at someone else, but was taking it out on Diane. This enabled Carol to say that she was angry because her parents had brought her little brother to camp and she had looked forward to Visiting Day as her day with her parents. Once this problem had been brought to the surface, we could begin to work with Carol around her sibling rivalry.

For some campers Visiting Day is a turning point. Fourteen-year-old Rose, at camp for the first time, was afraid she would not be able to "make it" without going home on Visiting Day. Once she saw that she was strong enough to stay, she seemed to relax and was able to involve herself actively in the program.

The day before and after, as well as Visiting Day itself, is a time of particular stress for everyone at camp. For this reason a great deal of special planning and ingenuity is required for programing during this period. A picnic swim and a relaxed outdoor program usually follow the visiting hours. The day after Visiting Day is "All-Out" Day. The campers choose from four different excursions and are away from camp during most of the day. When the children return from the day's outing, the familiar environment of the camp is usually very welcome, and as some of them have expressed it, "It's like coming home."

Not only the setting, but the composition of the staff can be a means of creating a homelike climate. The presence of both men and women on the staff, including at least one married couple with children, is important in the development of a family atmosphere. The feeling of

being at home is further enhanced by the fact that very few doors are locked and that the living rooms and kitchens are accessible to the campers.

The kitchen is often the center of activity—campers may, if they wish, assist in the preparation of meals. For many of the disturbed campers, the kitchen and the cook are the first objects of attachment. Gloria, age 15, for example, was so afraid of forming peer attachments, that she asked if she could work in the kitchen every day. Although she was able to move into other activities after two days, she would return to the kitchen whenever she was in conflict with other campers. During her second year, she did not have to seek such islands of security as often. Her own awareness of her progress was evident. She reported to her mother on Visiting Day that she did not need to spend so much time in the kitchen any more because she had learned how to make friends.

At camp children are exposed to many new activities. It has been our experience that disturbed children can enjoy such activities only if the program also includes opportunities to engage in some of the types of programs which they have enjoyed earlier. For this reason movies at camp, shopping trips, and trips to amusement parks have a place in our program along with the more traditional camp activities. Trips out of camp may serve a number of other purposes. Short trips with a definite goal can be handled in such a way that frustration and interpersonal conflict are minimal. Such trips are particularly useful during the first few days of camp. Later, trips may be used as a means of widening the range of camper experience. We have also found that trips can be used as a nonpunitive way of removing children temporarily from the group, thus reducing some of the problems of management of behavior.

One important role of the staff is to help the new or deviant camper with his problems in connection with being "different." To illustrate, Betty, an older girl, had been in a mental hospital briefly. She refused to participate in activities on the basis that no one in the camp could possibly understand her. After several lengthy interviews, the director was able to persuade her to attend a meeting of the newly formed discussion club. Betty was frankly amazed to hear that some of the others shared the same feelings as she about sex, families, and school. The acceptance she received in the small, protected discussion group enabled her to move out somewhat from her withdrawn state.

Not only must the counselors work with the deviant children, they must also try to handle the feelings of other campers toward the child who is different. It has been our experience that children are better

able to accept the deviant if they are provided with an opportunity to express their anxiety and resentments openly and are given some help in understanding the nature of the problem. A common danger is that staff members may tend to overprotect the child who has special problems, and may unwittingly deny the other campers the opportunity to express their real feelings. This is apt to lead to acting out and displacement of hostility.

We have always been aware that one of our chief limitations has been the brevity of the camping sessions. When the opportunity presented itself, we began to explore the possibility of expanding the camp. The decision to make the purchase and to develop a coeducational camp for forty campers during each three-week period was arrived at after study by a committee of the board and staff. The plan was also discussed with the club members and parents.

It was our feeling that by developing a coeducational camp, we might help to break down the artificial separation of the sexes and help to diminish some of the fears and mystery which make for poor sexual adjustment in adult life. Because a large number of our club membership had been cut off from normal heterosexual relationships, we envisioned the coed camp as becoming a vital part of our total treatment plan. Although we recognized that the new situation would create new tensions and anxieties as well as problems of management, we felt that the potential benefits would outweigh the negatives. It was our feeling that many of our campers would be able to move into heterosexual relationships more easily in the informal and familiar camp setting than in the more traditional social situations. We also felt that the active support of their own club members and the staff would enable the campers to cope with the new situation.

The boys' and girls' units are only three hundred yards apart and are connected by a path through a strip of woodland. There is sufficient distance so that the boys and girls can function as separate groups when necessary. The wooded area between the units gives an appearance of separateness, which proved to be very reassuring to anxious parents and to those campers who were apprehensive about the change.

Even with the added acreage, however, the camp is still compact enough to offer security to the campers. Large camps with wide spaces between buildings, while often desirable for normal children, create confusion and fear of getting lost and of meeting many dangers in disturbed youngsters. The closeness of the buildings and the fact that the total camp covers less than twenty-five acres gives the campers a feeling of safety. Simultaneously, the six hundred acre state reservation

that adjoins the property allows for experimentation with distance.

The main building in the new unit is a substantial, attractive twelve-room house with five porches. The main kitchen, dining room, and large living room are on the first floor, and there is a playroom in the basement. Last summer, the twenty girls were housed on the second floor. The obvious disadvantage of the sleeping arrangements were that the bedrooms were so close that there was little opportunity for any living group to develop a sense of separate identity. We learned quickly that the problems of contagion and interpersonal conflicts were intensified by such close living. This year one of the smaller buildings in the new unit is being remodeled to have six girls and is designed to serve the same purpose as the cabin does in the boys' unit—that of providing separate living quarters for those who are able to function as members of an independent, cohesive group.

Actual preparation of parents and campers for the new type of camping was begun in early spring. Reactions varied from complete acceptance of the plan to open resistance. Those parents with whom our staff had a solid relationship had enough understanding of the aim of our program so they were able to accept the plan; in spite of their ambivalence, they were able to help their children with their own uncertainties. Because the plan raised so many doubts in the minds of both parents and children, more intensive precamp interviewing was required.

Many of the parents of disturbed or physically handicapped children had purposely sheltered their children from relationships with the opposite sex. One of the fringe benefits of opening up to them the issue of coed camping was that some of their underlying fears that their children might get into sexual difficulty were brought to the surface. Some of the parents were helped to see that a carefully supervised coed experience was a safer guarantee against such difficulties than suddenly exposing their children to heterosexual social experiences later. Incidentally, as a staff we were also apprehensive about the forthcoming changes, and out of our anxiety we may have tended to err on the side of being overly reassuring to parents.

The careful preparatory procedures employed by club leaders helped most campers to move into the new situation with some security. Many of their underlying fears about possible rejection or overinvolvement, however, were not brought to the surface and dealt with until after they had been at camp for a few days and felt the impact of the situation. Still, there was far greater mutual acceptance by the two sexes than we had expected. Because we expected them to be fearful of close and prolonged association, the major part of the program

activities was planned at first within the separate units. During the free period after lunch on the first day, however, boys and girls mingled freely in the recreation area. Because of their apparent ease with each other, we shifted plans quickly and grouped them together for the free swim and the early part of the evening program.

Throughout the summer we found that even the disturbed campers, if given opportunities to be in small protected groups and if allowed to have many individual contacts with staff, could tolerate a surprising number of coed situations, particularly those in which interaction was somewhat diluted. These included such events as morning meetings, cookouts, evening campfires, and carnivals.

The normal campers quickly pressured for the more traditional types of coed activities. Staff was challenged to achieve a balance of activities so that each camper could have only the amount and intensity of association with the opposite sex which he could handle. We had to experiment in order to determine how much exposure to coed activities the campers could tolerate. During the first session, for example, the record-player was almost always available in the main living room which became the central meeting-place before and after meals. We found that the situation aroused too much frustration and envy in some campers stimulated by observation of others who, in this unstructured situation, had much more ability to attract the opposite sex. For this reason, the record-player was removed to the outdoor patio and the campers were encouraged to use the living room for conversation and quiet activities. At the first "dress-up" dance, we discovered that a whole evening of dancing was devastating to those who could not enter into such a highly sexualized activity. From that point on, in spite of the pressure for dances on the part of many campers, we promoted costume parties and similar festive events in which dancing became a marginal rather than the central activity. Such programs proved more satisfying to the disturbed campers and also enabled the child of latency age to participate in coed activities more comfortably.

As a means of reducing the problems of contagion and overstimulation, certain activities were conducted separately. The evening snacks were served in the living rooms of the separate units and the evening periods were set aside for group singing, stories, or discussion. This was designed to create an atmosphere of relaxed and passive enjoyment and to reduce bedtime problems. Equally important was the ventilation which these sessions encouraged—it was at these times that campers went over their experiences and shared some of their problems in adjusting to the camp.

Some new program interests developed spontaneously out of all

this. In order to impress the girls with their prowess, for example, many of the boys attacked camp clearance and similar outdoor projects with unusual vigor. For the girls, grooming sessions conducted by a counselor assumed special importance. In addition to its practical value, this activity became a means of helping them to improve their image of themselves.

In handling interaction, we had to revise some of our attitudes about permissiveness. The larger camp and the presence of both boys and girls created many new temptations and potential crises. We had to learn through experience just which types of situations were apt to be too stimulating for campers. In our eagerness to encourage interaction across sex lines we were at first reluctant to set limits. In some cases, we found ourselves allowing campers to act out our own impulses. Our immediate reaction, when we faced ourselves with the fact that we had been overly permissive, was to impose limits suddenly, thus creating confusion and exciting hostility on the part of campers. Once we had taken our fears in hand enough to talk this matter out with campers, we were able together to arrive at a reasonable code of behavior, which was acceptable to most.

The larger camp and staff created new problems of communication. The coeducational situation raised anxieties in parents, campers, and staff and presented us with many difficulties. The importance of careful postcamp follow-up with parents was brought home to us vigorously when a few mothers reacted unfavorably to their children's involvement with the opposite sex. However, despite the many problems, both anticipated and unanticipated, our enduring impression is that a coeducational camping venture of this sort is eminently worthwhile and offers an opportunity for emotional growth on the part of all who participate in it.

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The interview in group work and casework: a comparison

SARA E. MALONEY

19 On a certain evening in a residence home for teen-age girls, the social group worker spoke to one of the group members, saying: "Susan, may I see you for a few minutes before you go upstairs? There is something we need to talk about before I leave." With Susan's ready assent, the group worker found a quiet corner in the hall where she and Susan could have those "few minutes." All the available rooms seemed to be well-occupied with excited girls who were recounting the fun of the party they had just had. It was nearly midnight, and 15-year-old Susan was tired, but happy about the party even though she didn't have a date. Joe had "stood her up."

What the group worker had to say to Susan would strike a serious note. It would hopefully raise Susan's anxiety enough to provide the impetus for discussion that the caseworker needed in her work with this girl. The subject was Joe, the errant boyfriend.

An odd time, an odd place, and an odd way to have an interview with a young client. Yet, no matter what the setting, this is not unfamiliar to the social group worker. Individual interviews with group members are many and varied; they are planned and unplanned; and all are important in achieving the goals developed by and for the group and the individuals within the group.

The examination of group work interviewing in this paper rests on the framework provided by the principles underlying casework interviewing. The use of the interview in social group work is a

technique of group work method that has always existed. We know that skills or techniques of any method need to be taken out and examined from time to time, for, often and hopefully in this exercise, we find ways to improve. This kind of exploration is in consonance with the continuing search for the generic elements within the social work profession.

In the practice of group work, interviewing generally does not take place on a consecutive basis over a long period of time. Therefore, principles of interviewing that guide caseworkers who serve clients within a short time span should be more comparable to group work practice; for this reason, short-contact casework service is our starting point for delineating principles of interviewing. These principles are guides that group work practitioners can and probably do use as they have interviews with individual group members in any group setting. For illustrative purposes, a residential setting will be used to show how these casework-identified principles can be utilized by the group worker in individual contacts with members of the residence group.

A common body of theory is one of the attributes that distinguishes a professional from a nonprofessional occupation. Furthermore, the skills and methods of a profession must depend on a system of theoretical hypotheses and concepts in order to provide the wealth of knowledge from which its professional practice is derived.¹ So it is with the profession of social work. Concepts developed from the related basic sciences, from practice, and from systematic research provide the body of social work theory upon which its practice skills are based.

In the development of a profession, certain areas of practice come to be formalized in a more specialized manner, and concepts relating to this practice come to be thought of as peculiar to this particular specialization. As the profession of social work has developed, certain areas of practice have factored out particular theoretical formulations that seemed exclusively related to that activity. But the accumulating body of social work theory, which has been developing within the special areas of social work practice through the years, has more recently come to be regarded not as the exclusive conceptual framework of one segment of practice, but as part of a general body of theory necessary to the skillful practice of all social workers.

Specifically, group workers focus their practice on the group as a whole; at the same time, they recognize that the quality of the group life and the meaning of this to each member is related to the way the group worker helps each individual contribute to and derive benefit from the

¹ Ernest Greenwood, "Attributes of a Profession," *Social Work*, Vol. 2, No. 3 (July 1957), pp. 45-55.

experience. As social group workers, along with all social workers, have become more astute in their use of knowledge drawn from psychoanalytic, psychological, and sociological theory, they have become increasingly cognizant of the need to work more purposefully with individuals within the group setting. Out of this awareness, the concept of individualization was defined in relation to social work with groups. We recognize that this concept is common to the whole profession.

Although the term "individualization" may take on various shades of meaning depending on the particular service a social work agency offers, social work practitioners would agree that it embodies at least two important facets. One is that of regarding the person as unique in his physical, intellectual, psychological, emotional, cultural, and subcultural attributes. As Helen Perlman says, "He is as unique as his thumbprint."² The second facet includes the concern for an individual because of the unique needs he has for the service that the social worker is prepared to offer. These needs may be like those of many other people but to the person who has the needs, and to the social worker who is available to help him meet these needs, they are experienced and viewed as particular to this individual.

As we continue to refine and add to the body of social work theory, it becomes more and more apparent that social workers base their practice on common concepts. We also realize that many of the methods used to translate these concepts into action in behalf of the individual and group are also common.

In the practice of social group work, one of the several ways of translating the concept of individualization into action is by using the interview to help the individual further meet his particular needs as these are evidenced within the group situation. The form of the interview between the group worker and the individual group member can be quite different from the usual pattern of the casework interview. The social casework interview most generally takes place because the person with a problem comes to the agency seeking specific help for this problem; it is held at a definite time and place. There are many times when this kind of interview is used by the group worker also, but more frequently he uses the short-contact interview, which is known in group work parlance as the "marginal," "fringe," or "drop-in" interview. "Marginal" or "fringe" refers to the contact which takes place on the edge of the group meeting, and "drop-in" designates the act of a group member stopping by to see the worker for a chat.

² *Social Casework: A Problem-Solving Process* (Chicago: The University of Chicago Press, 1957).

Cross-fertilization between casework and group work has been carried on since the middle of the 1930's. This is apparent from the published papers which describe the work of casework-group work interdisciplinary committees and the work of caseworkers practicing within the group work agency setting. Books dealing with social group work theory and practice also refer to and describe the relationship between the disciplines of casework and group work.³

Concurrent with the development of casework-group work co-operation, schools of social work have been experimenting through the years with various curricula and field work arrangements toward solving the problem of providing basic education for all social workers.

As part of this cross-fertilization process, social group workers have been developing practice in other community agencies where group work is one service provided by the agency to clients who are also receiving medical, or psychiatric, or educational, or casework services in a variety of professional team combinations. The particular services offered are dependent on the central purpose of the host agency. The advent of the team approach to helping individuals work on the solution of their particular problems has brought an accompanying interdisciplinary sharing of knowledge and skills within the social work profession. All these developments have had an impact on refining the principles of social work practice, and this refinement is seen in the practice of the group worker, particularly as he works with the individual group members.

The social group worker has always had conversational or conferring contact with individuals in the groups he has served. These contacts have been referred to as "interviews" by the practitioners and have been so designated by writers. Gertrude Wilson and Gladys Ryland have outlined four kinds of interviews with different but specific purposes. These are: interviews at time of registration, often called intake interviews; casual interviews; interviews by appointment; and visits in the homes of members.⁴ These interviews can be initiated by either the worker or the group member and the purposes of these contacts represent the expression of a variety of needs detected either by the individual or the group worker.

For example, the worker may initiate a "marginal" interview with a member to plan with him about a specific project of the group with which the member needs help. Or the worker may speak with a

³ Merrill B. Conover, "The Joint Use of Group and Case Work Techniques," in Dorothea F. Sullivan, ed., *Readings in Group Work* (New York: Association Press, 1952), p. 93.

⁴ Gertrude Wilson and Gladys Ryland, *Social Group Work Practice* (Boston: Houghton Mifflin Company, 1949).

member about his behavior in the group—away from the other members so that confidentiality and privacy are assured, yet close enough to the event so that feelings are up and defenses are down. Redl terms this situation "the life-space interview."⁵ Although the application of this technique is described by him in residential treatment settings, it probably is quite frequently used in group work agencies.

Except at intake, a formal, appointment, in-the-office type of interview with the group worker is generally preceded by several casual contacts with the individual. This is particularly true in work with children, especially those in adolescence, where at this age an "individual interview" may be held in the presence of one or two peers, regardless of the content and purpose of the interview. The youngster brings his own psychological support to the situation in the form of one or more of his friends, who are not verbally involved in the interview yet take in all of the proceedings.

The group member also makes use of the casual interview. Grace Coyle, in *Group Work with American Youth*, describes the instance of a member of a boys' club "dropping into" the office of the club leader to chat, but finally revealing his interest in personnel work as a vocation. This contact led to further individual talks with the boy to encourage him to return to high school to get his diploma.⁶

Individuals are often referred by group work agencies to casework agencies for special help with personal problems that may have been revealed in the group situation, but are of such a nature that they need a deeper and more intense relationship than the group worker can afford to maintain if he is to work effectively with all the members of the group. The worker, however, can give essential, but limited, assistance to all the members of a particular group, and one of the ways he does this is through the individual interview.

The area of short-term casework contacts was selected for a beginning examination of principles of interviewing, for it was thought this kind of casework practice would be more related to the group work interview situation. Short-term casework offers service to a client within a time span often of from one to four interviews.⁷ During this short contact, there is usually some resolution of the problem or need that the person brings to the caseworker.

⁵ Charles B. Seib and Alan L. Otten, "The Case of the Furious Children," *Harper's*, Vol. 216, No. 1292 (January 1958).

⁶ New York: Harper & Brothers, 1948, Chap. 10.

⁷ Leonard S. Kogan, "The Short-Term Case in a Family Agency, Part III: Further Results and Conclusion," *Social Casework*, Vol. 38, No. 7 (July 1957), pp. 366-374.

However, as I have acquired more knowledge from searching the literature and from discussion with caseworkers, two aspects have emerged that cannot be ignored. First, the casework interviewing principles derived from short-term contacts are approximately the same as those used in any casework situation; the difference is one of degree of use rather than quality or focus. Second, group workers often have contacts with individual group members over a period of two or three years, so that although the interview contacts with individuals may be spotty, the relationship factor is different than a short-term casework contact, because it is developed with the group worker not only in relation to other group members, through the interpersonal relationships within the group, but it also develops through both casual and planned subgroup and individual contacts of member to worker. Recognizing the import of these two factors in relating casework interviewing principles to group work practice, their use by the group worker as a structure for interviews is still applicable.

In addition to the concept of individualization, which is an integral part of the casework process, the concepts of relationship, agency function and purpose, and community and agency resources are also important elements in an interview.

The casework principles related to the formation of a relationship with a person include acceptance of the client with his needs; self-determination; client participation with the attendant elements of resistance, ambivalence, and identification; the movement of the client toward solution of his problem; control or authority; worker's use of self; and confidentiality.

The skills that flow from these principles are common to all casework, but they are used within the framework of limited contact with a client in short-term service. Therefore, the skill in establishing a relationship of the quality that will enable worker and client to arrive at a decision about the problem within a short time span is of paramount importance. Along with this necessity is the ability the caseworker must have in diagnosis and evaluation of the client's need.

Diagnosis by the worker includes learning and clarifying the problem; maintaining focus on the problem; assessing the person's ability to use the agency service; allowing the client to move at his own pace; and the meaningful use of control and authority. Following the diagnosis and evaluation of the situation comes the planning and goal-setting phase of the work in which both client and worker are participating.

The third phase of the endeavor is treatment, which involves advice

and guidance; psychological support; help toward environmental change if this is indicated; and opportunity for the client to ventilate his feelings, if this need is apparent.

Permeating all these specific skills involved in the interview is the way the worker uses himself as a listener, clarifier, adviser, planner, and in applying controls and keeping the focus within the scope of the agency's function and purpose. Although the worker is with the person in his difficulty, he must still make it clear that the client is the one who will do something about his difficulty. This implies that the worker accepts this human being with his problem and accords him his right of self-determination, and here again, at the risk of being redundant, individualization is an ever present part of the total process.

A group worker applying these skills and principles to the interview situations he encounters must, like the caseworker, have them so well integrated into his professional behavior that they are readily available to meet the demands of the particular time and place whether it is he or the group member who initiates the contact.

In order to examine the relevance to group work practice of the interviewing principles just outlined, I have taken two examples from the records of a social group worker who is practicing in a residential home for teen-age girls. Residential homes administered by a social agency now usually subscribe to the practice of providing for the residents a treatment environment where casework, group work, and psychiatric and medical services combine to bring to the individual in the home effective help in the resolution of their problems. In this particular situation used for illustration, casework is the primary method of helping the girls. The casework function of the agency sets the boundaries within which the other services are integrated.

The agency purpose in providing part-time group work service as part of the treatment scheme for helping the girls is to structure the group experience in such a way that casework treatment goals for each individual will be enhanced. The group worker provides educational, recreational, and social outlets for the group. She also maintains close collaboration with the several caseworkers who work with the girls on an individual basis.

Each girl sees her caseworker once a week and she can be with the group worker twice a week. Her participation with the group worker is on a voluntary basis, whereas casework appointments are more mandatory, depending on the goals established for the treatment of the individual's social and emotional difficulties. In most cases, the agency has temporary custody of the girls, who have been referred for place-

ment by the juvenile court or a child-caring agency. Occasionally, placement is made as part of the casework process if a girl who has been receiving casework help cannot move toward resolving her difficulties as long as she remains in the unhealthy environment of her home.

The first interview is one initiated by the group member, Nancy. At the time of this interview with Nancy, there were nine girls living at The Hall. The age range was from 14 to 19 years. The worker had known Nancy for a year and a half. A few weeks prior to this unplanned conference, the group worker had participated in a discussion with other agency staff regarding Nancy's coming move from The Hall.

Sunday. Nancy went skating with the group this afternoon. The most important occurrence during this time was a conference with Nancy while we sat together at the skating rink. She had gotten skates and put them on with my encouragement, but was too unsure of herself to get out on the rink even with the help of Jane and her boy friend Frank. What was really bothering Nancy came out when she said she was thinking of moving from The Hall. She explained that everything had been wrong with the agency and with the residence. I accepted this, replying I wasn't surprised; she was 19; would be graduating from high school in June; and I knew she needed to be planning on leaving The Hall and living elsewhere. From this, Nancy released a great deal of feeling about the agency and The Hall. She was very hostile in what she said, and at a point where I realized that countering her hostility and trying to bring in reason and fact was not going to help, I listened to her attentively. The substance of this tirade was that Nancy never trusted adults, and she certainly didn't trust the adults at the agency. It was as though I had no connection with the agency, although of course, a lot of her feeling was indirectly toward me. Nancy explained that the agency had ruined Ann's life (her former roommate at The Hall who had run away several months before). My verbal observation was that if Ann's life was ruined, I suspected it had been done when she was much younger.

It is evident that this interview grew out of a situation of compresence. Because of the way of operation of the agency, Nancy would not have sought the group worker to talk with her other than at an informal time like this one. The group worker would not attempt to elicit this kind of information; rather, her focus would be on the member's activity in the group. It was Nancy who turned the conversation into one which expressed conflicts she was experiencing.

Revealed in this material is Nancy's real anxiety and fear for her future—leaving a protected environment and being on her own. Because the group worker had prior knowledge about future plans for

Nancy to leave this home, she was able to meet this on a realistic and accepting basis. Evident here, too, is the point made earlier about the relationships the group worker has with individuals extending over a period of time, which is brought out when Nancy mentioned her former roommate, Ann.

The worker accepted Nancy's need to vent her hostile feelings about her living situation, the agency, and her caseworker, recognizing that she was part of this picture, too. That Nancy's feelings about adults had been recently heightened was substantiated when she centered her present hostility on the agency and the home in two specific events. The interview continued as follows.

Nancy told me about Clara locking her out of the house and calling her a "bitch." She claimed none of the house staff had helped her in this situation. The second occurrence was a physical attack on her by Myra. Nancy indicated that neither the assistant house director nor the house director came to see if she was all right after Myra had tried to choke her. Both of these stories were ones I had discussed with Nancy in the company of her particular house friends shortly after each event occurred. I briefly outlined the realities and facts of the activities of the house staff during these episodes.

In trying to handle with Nancy her feelings of lack of trust, I suggested perhaps she had trusted some adults. I explained that it seemed to me she would have had to be very trusting of adults when she had her operations. Nancy replied that didn't make for trust, because those things were just done to her; she didn't make the decisions; she was a little girl then. I reminded her she had made the decision about the last operation with the help of the agency. Nancy agreed this was true, but it had taken the agency two years to "make up their minds." "Mine had always been made up," she insisted. Again, this was a version I had heard many times from Nancy.

It is apparent from the material that Nancy was saying in different ways that she didn't trust adults to help her—her caseworker, the house staff, or the group worker—and that she really didn't trust herself. The group worker dealt with this just enough to focus on the reality and to give support both to Nancy and to the staff. It would not have been appropriate in this agency setting for the group worker to have become too deeply involved in any of this material. The important component in an agency like this is in knowing what not to touch. This is important, too, in short-term casework, but often it is not as clear as in this case. The interview ended in the following manner.

I turned the conversation to Nancy's interest in skating. Nancy was interested in taking skating lessons from a professional teacher. We discussed the cost and she was surprised to learn it was so inex-

pensive. This led Nancy to think about planning to get Pam, her friend at school, to take lessons with her. I encouraged Nancy in this, pointing out it was good for her to make friends outside The Hall, since she would soon be moving, and it was good for her to do things with other girls. Our conversation then turned into a very pleasant one while we talked together about places where Nancy might call to find out about roller-skating lessons.

Perhaps a way of helping Nancy to build trust in herself was out of the discussion and encouragement from the worker about roller-skating. It is evident that Nancy received some comfort from this unplanned conference, since it ended on a pleasant note with Nancy making tentative plans to learn to skate. In view of the group worker's role, this kind of planning was appropriate, whereas specific planning around future living arrangements had to be left to subsequent casework interviews.

The interviewing principles of acceptance of the client with his need, self-determination, client participation, control or authority, and worker's use of self are apparent in this interview. The principle of confidentiality is inherent in the interview but is not revealed in the material. The concepts of relationship, individualization, agency function, and use of community resources were the base upon which this conference was built. The determination of how skillful the worker was in the use of these principles would rest on what use Nancy might make of this contact. This factor is probably a crucial test in all interviews.

This example was of an interview initiated by the group member. For an instance of an interview initiated by the group worker, we return to Susan and the problem of Joe, the errant boyfriend.

Several days prior to the late-evening request by the worker for a "few minutes" with Susan, other girls in the house, while talking with the group worker about their boyfriends, had inadvertently revealed Joe's marital status. This was a situation which needed attention in Susan's next casework conference. In order to maintain the confidence of the girls who had told the group worker, as well as to support the treatment goals for Susan and all of the girls in the home, the residence staff co-ordinator and the group worker planned together how this matter would be handled. The following excerpt from the group worker's record completes the contact with Susan.

Susan followed me to the corner of the upstairs hall. Being sure we were alone and would not be overheard, I told her I understood Joe was married. Susan replied quickly and nervously, "Oh, he was, but he isn't now. He's separated from his wife." With her pause

I replied that in any case this was something her caseworker needed to know. I asked her if she wanted to bring it up in her next casework conference or would she rather I talked with her caseworker about it. Susan exclaimed seriously that she would talk to her caseworker about it. I then asked Susan if she thought she would be able to do this at her next conference. She replied she would next Tuesday. Susan then asked how I knew about Joe. I replied it was general knowledge in the house. Susan looked troubled, said, "Oh" and turned to walk away. As she departed I said quietly, "I think you have made a wise decision, Susan, to talk with Miss J yourself." There was no reply.

This interview was planned with another staff person within the purpose and function of a casework agency operating a teen-age residence. Such planning is also part of those agencies whose primary function is group work. In either instance, the use the social group worker makes of the individual interview has to be related to how this will affect the interpersonal relationships of the group.

Clara Kaiser has recently pointed to the complexity of the dual focus on group and individual movement inherent in the practice of social group work.⁸ In considering any aspect of individualization, we do so with our weather eye on how we are also affecting the group process. Thus, we are consistently operating within this complex dual focus.

The beginning of this investigation was focused on the principles and skills derived from short-term casework on the supposition that these might be different from longer casework contacts, and might, therefore, be more applicable to social group work. But it soon became apparent that principles and skills guiding the interview in casework are not different because of the time factor, degree, and intensity; they are the same and should be part of the process in all casework. Further, it was realized that group work interviews cannot usually be equated with short-term casework because of the factor of interpersonal relationships within the group process in which the group worker and group members are engaged. However, in this paper the attempt has been to show that casework interviewing principles are guides that group work practitioners can and do use as they have interviews with individual group members in any group setting.

This exploration has been undertaken with the aim of supporting the thesis that whereas many concepts, principles, and skills have seemed related to a specific social work discipline, increased sharing of knowledge between the specializations serves to show the generic aspects of all social work practice.

⁸ "Characteristics of Social Group Work," *The Social Welfare Forum*, 1957 (New York: Columbia University Press, 1957), p. 168.

Social group work: a tool for changing behavior of disturbed acting-out adolescents

HELEN NORTHEN

Who are the disturbed adolescents who are not reached by community group service agencies and who might benefit from social group work service if it were made available to them? Many need help. It is a shame that we have not done more to help them get it. The focus of this paper will be on the application of social group work toward helping one particular segment of unreached youth in the community, namely, adolescents who have serious behavior problems of an aggressive acting-out type. They have been described as "children in trouble who have become troublesome to others."¹ They are children whose problems vary in nature and severity. There is no single diagnostic category into which they can be placed, yet some generalizations can be made about them. They are youngsters who feel very inadequate and who have not been able to control the explosive nature of their behavior. With their weak egos, their perception of reality is distorted and they are unable to regulate the expression of impulses within the bounds dictated by the reality of the situation. They turn their aggression outward with hostility toward other people and property, but often such acting-out behavior is mixed with neurotic symptom formation.

If work with these troubled adolescents is to be sound, it must begin

¹ Betty Schwartz, *Organizing a Social Group Work Service for Hard-to-Reach Adolescents*, Neighborhood Youth Association, Los Angeles, 1957, p. 3. (Unpublished manuscript.)

with differentiating the nature and severity of their problem and the goals appropriate to each situation. It is not enough to see what they have in common; each individual must also be seen in his uniqueness.

There was, for example, Jim, a member of a group sponsored by a settlement.²

Jim, age 16, is of medium height, slender, has black hair and brown eyes. He was recently sent to a disciplinary high school because of his poor adjustment in the regular school. He frequently instigated fights with other pupils, was insolent, defiant toward teachers, and was often truant. Two weeks after joining the group, he was picked up by the police for stealing beer and breaking into an elementary school in the company of three other members of his gang. This was his third offense.

Jim has been living with his paternal grandparents since he was a year old. His mother deserted him at that time and he and his father moved in with his father's parents. When Jim was 5, his father remarried and is living with his wife and stepchild in another city. The grandparents speak little English and find it difficult to understand Jim's problems.

Time after time, the records of these adolescents reflect lack of healthy family relationships and severe deprivation or rejection, aggravated by school failure, deteriorated neighborhood condition, and/or discrimination against minority group members. The young people about whom this paper is written are not those delinquents, if such there be, whose behavior is caused simply by accidental, situational, or cultural factors. In a study of the family backgrounds of members of groups in one agency, almost one-half came from homes broken by death, desertion, divorce, or separation. Of those who lived with both parents, family problems included some combination of inconsistency in treatment, overt or covert rejection of children, physical violence, extreme sibling rivalry and hatred, cultural conflicts, extreme religious pressures, alcoholism, psychosis, promiscuity, and physical illness or handicaps.³

In the literature on group work with hard-to-reach or hostile youth, as it is often called, a number of different approaches have been used to reach these young people.⁴

² Illustrations and record excerpts have been taken from records of the Catholic Youth Organizations, Neighborhood Youth Association, and Special Services for Groups, Los Angeles, California.

³ Margaret H. Mudgett, *Administrative Aspects of the Development of a Demonstration Project of NYA Augmenting Group Work Service to Hostile, Acting Out Adolescents with Family Casework 1958*. Unpublished paper, 1958, p. 18.

⁴ David Austin, "What About 'Reaching Out'—An Account of the Boston Youth Project," *The Round Table*, Vol. 19, No. 7-8 (September-October 1955), pp. 1-4.

This presentation, however, focuses on the use of social group work to help adolescents in small groups of approximately six to twelve members. The goal of the service is to help these young people to feel more adequate as persons and to improve their social functioning at home, school or work, and in the community. The focus is on helping individuals in and through the group. In the small group, there is maximum opportunity for each member to participate in activities and discussion; it is possible for the social group worker to understand and work with each member. The small group provides a more protected environment and fewer sources of demands on each member than does a larger group. The group may be a self-organized or natural group or it may be a group organized under the auspices of an agency. The emphasis on the small group eliminates from consideration the work that is often done with large street-corner groups. It does not, however, eliminate service given to some part of a larger group such as the core or one segment of a gang.

As an agency undertakes to find the adolescents who can benefit from its service, the specific procedures will vary with the agency's function, the neighborhood it serves, the sources of referrals, and the reputation of the agency. One agency has concluded that the public schools are the best source of referrals.⁵ Probation officers and juvenile police have referred either individuals or groups to agencies; so have co-ordinating councils and family service agencies. Once an agency establishes a reputation for being helpful to previously hard-to-reach youth, the volume of referrals increases and the problem then becomes

David Austin, "Goals for Gang Workers," *Social Work*, Vol. 2, No. 4 (October 1957), pp. 43-50.

Estelle Alston, "Group Work with Hard-to-Reach Teen Ageds," *Social Welfare Forum*, 1951 (New York: Columbia University Press, 1951), pp. 281-294.

Satoshi Tom Hayashi, *Social Group Work Skills Utilized by a Worker in Helping a Juvenile Delinquent Group Member*. Unpublished master's thesis, University of Southern California, 1955.

Margaret Holt Mudgett, *Administrative Controls: Their Effect on Program Groups in One Social Group Work Agency*. Unpublished master's thesis, University of Southern California, 1952.

Walter B. Miller, "The Impact of a Group Community Work Program on Delinquent Corner Groups," *Social Service Review*, Vol. 31, No. 4 (December 1957), pp. 390-406.

New York City Youth Board, *Reaching the Group: An Analysis of Group Work Methods Used with Teen-agers*. Youth Board Monograph No. 4 (April 1956).

Margaret J. Stevenson, "The Story of an NYA Club." Speech at annual meeting of Neighborhood Youth Association, Los Angeles, California, March 9, 1955.

Andres Torres, *Individual Contacts by Social Group Workers with or in Behalf of Group Members of the Special Services for Groups*. Unpublished master's thesis, University of Southern California, 1952.

⁵ Neighborhood Youth Association, Los Angeles, California.

one of limiting intake. Members or former members who have a conviction about the helpfulness of the service to them refer others. Thus it becomes less difficult to reach persons who need help although it continues to be difficult to serve them because of the nature and severity of their problems.

When the worker has a list of potential members or potential groups, his responsibility then becomes one of learning as much as possible about them through the person making the referral. Most of the adolescents who join such groups are too suspicious of adults and too nonverbal to be able to participate in intake interviews prior to the beginning of group experience. Information from referral sources helps the worker to assess whether the individual or group needs and can use the service and which of the prospects need it the most. If a group is to be composed from a collection of individuals, pairs, and small cliques, attention should be given to the desirable criteria for group composition. Spontaneous feelings of preference for one another are important as is some degree of homogeneity around age, socioeconomic status, and place of residence. In addition, commonality of problems and how these are expressed on a shyness-aggression range create a strong potential bond.⁶ The realization that others have similar problems and ways of behaving tends to reduce the sense of being alone with problems and fears that often block ability to resolve problems.

Agencies have used several approaches to help prospective members come to the first meeting of the group. A written invitation to a meeting has been effective; so, too, have introductions of the worker to the individual or group by the person making the referral. Home or street-corner visits or telephone calls have been used also by some agencies. The particular technique to be used in reaching members is a matter of professional judgment based on knowledge of the particular people and their situations. Sometimes, because of the disturbed adolescents' suspiciousness of adults which stems from their lack of a sense of trust, the worker must make the offer of help over and over again. Most prospective members can be reached, however, since "their feelings of suspicion are counterbalanced by the intense need to belong that literally drives many of these youth to the first meeting."⁷ An honest interpretation of the service to be offered and

⁶ Betty Frances Schwartz, *A Study of the Factors Affecting the Formation of Groups in a Social Group Work Agency Serving Adolescents with Social and Emotional Problems*. Unpublished thesis, Wayne University, 1954.

⁷ Betty Schwartz, *Organizing a Social Group Work Service for Hard-to-Reach Adolescents*, *op. cit.*, p. 3.

the conditions under which the help is given has been found to be important in helping the members to use the group appropriately.

The initial phase in the life of a group of troubled adolescents is a crucial one. It is a time of exploration of the group's potential usefulness to its members, the relationship of the members to one another, and particularly the relationships of the members to the worker. It seems to be almost universally true that disturbed aggressive adolescents undergo a period of intensive testing of the worker, his concern for them, his reliability, his acceptance of them as they are. This testing of the worker may take various forms.⁸ At the first meeting of one group, only two girls came. After the worker helped them to feel comfortable and they had enjoyed a ride in the station wagon and a visit to the club house, Diana and Evelyn were able to tell the worker they had come to the group as spies for the others. They had come to find out what it was all about and if the worker was a "square." The worker met their comments by directly recognizing with them the normalcy of this feeling about an unknown worker and agency. Nevertheless, it was not until the fourth meeting that all girls were present.

In some groups, the members almost immediately begin with provocative behavior as though they need to let the worker see them at their "worst." One worker records such an incident:

The girls brought gummed labels on which they wrote the name of the gang to which they belonged. They pasted these labels on their foreheads and yelled and screamed their gang song. They didn't trust me. To test me, they swore, yelled, fought verbally and physically. They called the vice principal of their school by every name they could think of except her own. I simply accepted their need to behave in this way at this time.

In some groups, on the other hand, there is an initial "honeymoon" period when the members are so conforming and so "good" that a worker could conclude erroneously that there has been some mistake—that he has a group of teen-agers without serious problems. Almost always there seems to be considerable ambivalence until the members finally feel they can really trust the worker, that he is there to help rather than to punish them, that he really accepts them even when he does not accept their behavior, that he knows they have problems and still cares about them.

While the quality of the worker's relationship will develop and change throughout the life of the group, the way in which the worker

⁸Lillian Jean Heldoorn, *Analysis of Testing in Worker-Group Relationships*. Unpublished thesis, University of Southern California, 1955.

helps to establish the relationship at the beginning is crucial. Because these disturbed adolescents have had few, if any, healthy relationships with adults, they badly need the acceptance of the worker. The worker conveys to the adolescent that he accepts him, not as a child, but as a maturing person and that he cares about what happens to him. No matter how ambivalent the adolescent may be, part of him *does* want to grow up and become adult. Identification with the worker is one means of beginning to attain this. Through feeling the worker's acceptance of and concern for them, the members want to become like the worker and slowly begin to change their own behavior. In other words, through identification with the worker, some reorganization of the often defective superegos or consciences of these young people can occur. The members' ideas of right and wrong begin to change in relation to the adult demands that they recognize as being different from those of childhood. In order to be able to identify with the worker, the members need to know him and in trying to achieve this, they often barrage the worker with personal questions. If he understands the meaning of the questions and, even more important, if he understands his own feelings about them and is able to be comfortable about them, the members may move from a hostile, testing relationship with the worker to identification with him.

There is a difference between acceptance of a person as he is and of his need to behave as he does and acceptance of the actual behavior. Setting realistic limits can enhance rather than harm the worker's relationship with the members, for people don't really feel accepted by others who allow them to hurt themselves. Since expression of feelings is an important step in being able to do something about them, the worker understands and accepts verbal expressions of hostility. But realistic and consistent limits on aggravated hostile acts provide security and lead to movement toward internalized controls. The egos of these adolescents are not strong, so they need external controls of a non-punitive nature until they are able to control themselves.

From the beginning, the relationship that the worker seeks to establish with the members is a professional, not a personal one. In a professional relationship, the worker and the members know why they are together. This understanding of the reciprocal roles of worker and member does not come all at once; rather, the worker makes use of opportunities to interpret his role. In one example:

Aaron asked about my job—why on earth did I want it? After some discussion of the reason for his question, I said I liked it. I wanted to work with kids. "Take for example you guys. You have some tough times and maybe in this group you can get help." . . .

Aaron summarized that he guessed I had a good job. . . . Later in the meeting, Bob told me about the trouble he was in. He had just been picked up by the police for stealing a truck. Then he added, "Aaron here's in trouble, too."

These boys were coming to feel that the worker was there to help them, but more important they were beginning to feel that he wanted to and could help them. While verbal interpretation of the worker's role does help them, what the worker does—how he demonstrates to the members that he can help—is infinitely more important.

The worker interprets also the confidential nature of his relationship to the members. In spite of the ambivalent feelings that adolescents have about their parents, it has often been found helpful to interpret the purpose and plan of the group to members' parents, with the full knowledge of the members that this is being done and with respect for the wishes of the members who are reluctant to have the worker do this at a given time. For instance, in a group of boys:

I referred to the fact that we liked to meet families of members of our groups and asked if they would feel all right about my calling on their parents. Joel said he'd like that. Tom said, "Well, I don't mind, o.k. with me." There was resistance only from Al and Judo so I said I didn't feel it was my right just to decide without them wanting me or their knowing about it. I wouldn't talk to their parents now—maybe later they'd think it was all right for me to make home visits.

The purpose of home visits is to interpret the purpose of the group to the parents, develop a relationship with them that might lead to their support of the child's efforts in the group, and assess the nature and quality of family relationships that affect the child.

Understanding the purpose of the group, learning how to use it, and developing relationships with the worker and each other do not occur in a vacuum. During the early stage of the group's life, sustained discussion is not apt to occur. Most of these adolescents act out rather than talk out their problems, so this is primarily a doing-together rather than a talking-together period. A variety of simple, nonthreatening activities provides a means for developing relationships. Activities are encouraged which do not place demands beyond the members' abilities to meet them. These teen-agers are usually so fearful of failure that they have difficulty in trying to do things, but each tiny success increases their willingness to try another experience. Activities that provide immediate gratifications, including having refreshments together, are often important. Competition arouses more hostility than those members can handle, so noncompetitive activities—loosely organized and demanding little in the way of co-operation—seem to be

best suited for the early weeks of a group's life. Discussion centers on simple program-planning and working on small concrete problems as they occur during the group experience itself. Through activities, the members test their capacities in a protected situation; they begin to develop a feeling that there are some things they can do; they share experiences that are new for everyone which helps to develop a sense of bond among the members. Acting out is encouraged in socially acceptable ways. There is healthy sublimation of hostility and other feelings, and interaction among the members is stimulated. Whatever the activity content, the focus is on its use to help individuals.

The social group worker increases his understanding of the child by adding to the information he had prior to the group's formation—he adds knowledge from the child himself, from direct observation of each member within the group itself, and from his contacts with parents and other interested adults in the community who know the child. Continuous diagnosis and evaluation is a *sine qua non* for effective practice, and the earlier the worker is able to know the members' real problems and situations, the more rapid the movement in the group is apt to be.

Gradually, the members of groups become ready to try new activities, to withstand some competition, to co-operate together in making decisions and participating in activities. During this period, perhaps the most important task for the worker is still that of helping the members feel more adequate through improving their participation in ego-strengthening activities. These disturbed adolescents have deep feelings of inadequacy about themselves, about what they can do. Through shared experience, they begin to find acceptance from each other and enjoyment in doing things together. They begin to think that maybe they do count, at least at times, that maybe there are things they can do. As they participate in activities, they work also on group problems. Working on problems of relationships to each other often precedes working on other problems. Although in some groups violent conflicts between individuals or subgroups may flare up, with each experience in trying to work it out, the members become increasingly able to recognize and handle conflicts. For example:

Prior to the middle of December, Jerry and Joanie were inseparable. Then their friendship was abruptly terminated. One night Joanie had not planned to go to a meeting of the Rebels gang because Jerry could not get her parents' permission; however, at the last minute, Jerry was allowed to go but did not phone Joanie. Joanie felt totally rejected and crushed. Jerry, on the other hand, felt that if Joanie could end the friendship for such a silly reason, she was too possessive. The other members of the group decided not to side with either Joanie or Jerry. I worked with both girls

individually and in subgroups to help them solve their differences. Betty, another member, enjoyed the situation and kept aggravating it. Despite the fact that other members did not take sides, at least forty school kids did. The conflict became the talk of the school. When I picked up the members for a meeting early in January, about thirty youngsters were gathered around Joanie, urging her to fight Jerry. Fortunately, Jerry had already left school, telling the other members she'd meet us later.

When Joanie got into the station wagon, she pulled a butcher knife out from under her sweater. I asked her for the knife and the other members insisted she give it to me. I locked it in the glove compartment. On the way to the meeting, I tried to tone Joanie down by recognizing her feelings with her and the other girls likewise tried to help her. When Jerry walked into the room, a fight immediately started between the two girls. I stopped this by walking between them, and with the help of other members pulled them away from each other. Jerry went outside while I tried to talk to Joanie who had completely lost control of herself. After she quieted down, the other members sat Joanie and Jerry down on opposite sides of the room and told them they were going to sit there until they settled the problem. They did for two hours. Whereas, in a previous situation, I had to be extremely active in working it out, in this situation the members took over to such a point that I had only to support them when they asked for it.

It is how the worker helps them to handle these conflicts which determines whether the group bond will become sufficiently strong so that the members can use the group more intensively for help with other problems.

Continuous evaluation of the members' capacities to handle conflict and acting on the basis of this evaluation are not easy, but there really are no easy answers. Being sensitive to the common and unique feelings of individuals, conveying understanding of the feelings and difficulties, encouraging members to want to and try to work through problems, placing firm limits on extremely aggressive behavior while truly accepting the members, and supporting the group itself to solve its own problems sound like simple principles. The doing, however, is difficult. As the group develops its own system of values and norms of behavior, the worker's role changes from an active to a supportive one. The group becomes more able to control itself. Slowly, there is a lessening of overt antisocial acts against the community. Gradually, the members show movement toward beginning to think differently about themselves and their relationship with others. They want to improve and as they do, they turn some of their aggression inward and develop feelings of guilt and anxiety. When a majority of members have reached this point, the members use the group actively and

intensively to try to resolve some of their personal problems. Discussion becomes more frequent, more sustained, and more important to the members. Problems of school adjustment are frequently discussed.⁹

En route . . . we discussed ditching school. I wondered if this helped them or if they were making it hard on themselves. Bud said ditching school did make it tough on you—"I wish I were back." Lenny said he wished he were back in school, too, and he'd do almost anything to get there. Others did not know Lenny had just been expelled. Lenny reviewed the steps leading to his expulsion . . . Sid said he didn't want to get kicked out of school. Ronnie said, "I'm going to stay in this time—from now on." Jon said he'd never been kicked out of school but Sid reminded him that he had once. Jon recalled the one experience, laughed about it, and said "Never again . . ."

I asked the boys what they did with their time when they were expelled from school. Lenny said, "Let me tell" . . . he felt like he had been "in a cage" . . . "I might as well have been in jail as to have been out of school. My mother wouldn't let me out in the yard until school was out. There was nobody to talk to . . . I was just going crazy." Others shared similar experiences and then I led the discussion to the things they did not like about school. I faced them with the fact that school didn't seem very good to them, but neither did being away from school—what did they think they could do about this dilemma?

And in a girls' group, another worker helps the members with problems of school adjustment.

The members learned through Esther who works in the office of the school that the truancy had been discovered and both Ruth and Lola's parents had been at the school that day. Ruth was glad to be caught because she knew the problem had gotten out of hand and she was not able to control it. Whereas a year ago Ruth would have wanted to run away from home, this time she and Lola decided to see their families together since they had ditched school together. Both kids wanted me to be with them while they talked to their parents. I agreed to this only after I clarified with them that I would not support their ditching nor attempt to reduce the punishment for their actions.

These workers are helping the members recognize their problems and express their feelings about them, but more than this, they are helping them try to solve the problem in ways that are appropriate for them.

One of the most basic of all problems facing these disturbed adolescents is that of developing a sense of adequacy in their sex roles

⁹ William Acosta, *Functions of the Social Group Worker in Problems of School Adjustment of Group Members*. Unpublished master's thesis, University of Southern California, 1957.

as man and woman. Often, they have not been able to identify with the feminine or masculine role and they do not know how to handle themselves in the area of heterosexual relations. This is often a problem that is worked on late in the group's life because it is only after the members have been able to work through other problems that they have enough strength to tackle this one. In almost every group record there are indications from the beginning of difficulty in this area, evidenced by the crude language used, the filthy jokes, wild wrestling with each other, bizarre dress aimed to attract the opposite sex, and so forth. Throughout the life of the group, the worker has accepted the normalcy of the members' having mixed up feelings about sex. The worker is sensitive to the time when the members may be ready for more prolonged discussion of this subject.

Margie and Ethel picked up a pamphlet on sex education which I had put on the table. They began to talk about this with the rest of the group . . . Marilyn seemed to be the only one who resisted this. Her reaction was violent. She said over and over again that she couldn't stand to talk about it and that there was no reason why she needed to know these things anyway. Margie insisted they did need to know and that club time should be used for this purpose. The other members agreed with Margie. Marilyn said it would be better to wait to face this when she got married and she figured that maybe, even then, she could find a way to get around it. I thought this would be difficult indeed since sex was an important part of love and of married life, even though it was only one part. The result was that Marilyn asked how she could keep from getting pregnant. Suddenly, she found herself participating in the discussion in which all of the girls took part.

And in the next meeting:

In discussing girls who were illegitimately pregnant, members became overly hostile and condemning of their behavior. They had an excessive need to deny the possibility that this might happen to them. They showed extreme fear of pregnancy and sexual intercourse. When I verbalized a nonpunitive and understanding reaction to youngsters faced with the problem of pregnancy prior to marriage, they obviously relaxed. They were then free to talk about the problems they had with boys.

Other discussions frequently center on the members' feelings about their parents and siblings and move from expression of feelings of rejection, rivalry, and hostility to some consideration of what they might do themselves to make things at home a little better.

Joanie's father's problem of alcoholism has not improved. He is drunk throughout every weekend and on numerous occasions has beaten her mother and stayed away all night. Joanie has been

able to express her feeling of hatred toward her father and her lack of respect for him. But she has also become more aware that he apparently can do nothing about it but that, when he is sober, he is a rather nice man. Group discussions about alcoholism and similar problems in other members' homes have helped Joanie to understand and adjust to her current home situation.

The progress that members make is not always positive, of course, and even in the course of positive movement there are periods of regression or plateaus until the members have gained enough security to try to move forward again. Often when they develop insight into the fact that they are beginning to change, their ambivalence about this leads to temporary regression to earlier stages of behavior in the group, partly because of fear of change and partly because of the uncertainty as to the outcome. At these times, the group needs a respite from talking and an opportunity to test their gains through participating together in activities. The activities may at times be as simple and nondemanding as at the beginning of the group's experience, but more often the group is ready to plan ahead and there is adequate sharing of responsibility and co-operative action. The group is terribly important to the members during this period and generally the climate is one of warmth and closeness in relationship. One worker put it this way:

My relationship with the girls is now very deep and very warm. They know why I am their worker. The other day, one of the girls remarked in talking about a newer member who still had problems, "Let Miss S talk to her. That's why she's here. That's her job and maybe she can help her the way she has helped us." There was added then the recognition that they helped each other, too. Another member expressed it in these words, "The club is the one place where I can talk about my problems and be understood." And another said, "Something good about the group is that we can really talk out problems without getting mad."

There comes a time in the life of these groups when the worker evaluates the movement of the members and judges that it is time to look toward the group's termination. One worker recorded:

The intragroup relationships have been consistently warm and positive. The group's pattern is now one of controlling negative comments that might arouse antagonism. There has been a marked increase in the understanding of and sensitivity toward other people's feelings, and a decrease in the individuals' oversensitivity to remarks that might seem rejective. The members' relationships outside the group have improved greatly. The closest friend of each of the group members is now outside of the club itself, but with this

development of outside friendships, the group members have maintained their intragroup friendships also.

The delinquent type of behavior in which the individuals had previously participated had been almost eliminated. None of the members has been involved in stealing for several months. Their attitude toward stealing and fighting has changed from considering them justified and necessary to thinking of them as infantile ways of resolving problems. None of the members has been involved in fights for several months. The pattern of swearing has also changed from that of extreme obscenity to only occasional use of such words as "damn" and "hell." They now think obscenity sounds awful and creates the impression that one is "cheap." With two exceptions, the members' school relations have improved tremendously. Their attitude toward the police is no longer one of fear and hate, but rather of attempting to relate positively; they joke with policemen when they see them now.

The group's ability to handle frustration without regression is good. When other youngsters attempt to start a fight, the members have not been threatened by the attack. Their present image of a good boyfriend is one who can handle responsibility either by attending school or working steadily and one who does not continually get drunk. In most cases, members have actually been able to date boys of this type.

In general, the youngsters have increased in ability to handle problems. Their pattern of handling situations has changed from fighting back, being overly hurt, or withdrawing to making attempts to understand, face, and cope with problems. This ability makes me feel the group is ready for termination.

Preparation of the group for termination may take weeks or even months. The focus of the worker becomes pinpointed on helping members develop a sense of their own identity apart from the group. They could not find themselves without losing themselves for a while in the group, without first having the worker's code of values gradually become their code, without using the group to develop a sense of adequacy and support in working through problems of social functioning. They need now to be able to get along without the group, to have further help in incorporating the gains into themselves, to make decisions about their own future. The worker focuses his activity on supporting the members' efforts to move away from the group, to make new friends outside the group even though group members may remain friends, and to find their place in the normal activities in their communities.

Throughout all stages in the group's history, the group worker's activity is one of continuous diagnosis and evaluation of the individual's needs and problems in relation to those of other individuals and the group as a whole. It is one of stimulating activities and discussion in

relation to the objectives of the group; it is consciously focusing on helping the members to move toward resolution of their problems in social functioning. It is one of helping them, step by step, to become more able to solve their own problems.

Work with disturbed adolescents, whose behavior pattern is one of aggressive acting out, is treatment-focused in the sense that it aims to help the members of groups overcome or modify problems that they already have: it is preventive in the sense that help offered at this time interrupts the movement toward chronic delinquency or mental illness. But in addition to serving these particular adolescents who so badly need help, social group workers should become concerned also about earlier prevention. Through the early identification of problems and potential stress situations, social group work should be able to offer to children a service that is truly preventive.

Finding a focus for work with hostile youth groups

CATHARINE V. RICHARDS

At this time in the history of social welfare we are deluged with categorical but not too definitive terms. We have unreached youth; hard-to-reach youth; hostile youth; aggressive youth; asocial, anti-social, and unsocial youth; gangs; street-corner boys; conforming youth and nonconforming youth; delinquent youth, deprived youth, devalued youth, and normal youth—just to mention a few. (21)

This battery of possibilities suggests a number of foci. Fortunately, some of them have been explored and discredited through years of investigation.¹ But if we accept Kurt Lewin's conclusion that (49)

Only with the help of theories can one determine causal interrelationships. A science without theory is blind because it lacks that element which alone is able to organize facts and to give direction to research.² (33)

then we have no alternative except to postulate some theoretical constructs that can give direction to our study, diagnosis, and action. We are a long way from a well-integrated theory of human behavior. However, continuing contact with youth makes us constantly aware that we are observing the intricate interaction of biological, psychological, and social systems. (39)

¹ Paul Bergman, "The Objectivity of Criminological Science," in K. R. Eissler ed., *Searchlights on Delinquency: New Psychoanalytic Studies* (New York: International Universities Press, Inc., 1956), pp. 276-283.

² Kurt Lewin, *Principles of Topological Psychology*, translated by Fritz Heider and Grace M. Heider (New York and London: McGraw-Hill Book Co., Inc., 1938), p. 4.

There appears to be consensus on some of our concerns. (1) We are agreed that there is a social problem. It has been defined by Paul B. Horton and Gerald R. Leslie as "a condition affecting a significant number of people in ways considered undesirable, and about which it is felt something can be done through collective social action."³ (2) Our concern is an age group in the strata of society—an age group that is in an in-between period of expanding physical, psychological, and social development of human beings that extends between the "play-age" and "adulthood." These designations of growth stages are as described by Erikson⁴ and roughly include youth from 13 through 18 years, *but* the limits of the range extend from 6 to 24 years of age. This age group is frequently designated as a youth subculture. For our purposes the focus must be on the full range of 6-24 years of age. It is in this span of years that youth adapt to the accumulated body of ways of thinking and acting among the groups with which they interact.⁵ (3) Our major concern is the behavior of these youth in this in-between period.

Harris B. Peck and Virginia Bellsmith have provided us with three major categories of delinquent acts. However, they had the wisdom to avoid most of the legal and diagnostic traps in setting forth the classifications of behavior to which society, in general, assigns negative sanctions. They list:

(1) acts against life and property. . . ; (2) acts in violation of sexual taboos, or symbolic equivalents of such acts; (3) acts directed against restraints of parents or parental surrogates such as teachers, neighbors or police.⁶

Erikson provides us with useful formulations that relate physical, psychological, and social growth of the human being. He offers us a functional framework in which he says in effect: all things proceeding as generally expected, here are the growth stages of life from infancy through the mature age; here are the social tasks of each stage. To account for the behavior of the adolescents he proposes a concept of the psychosocial moratorium. In common language, this is a license offered youth to "sow their wild oats." Dr. Erikson formally describes this moratorium as "a period of delay—characterized by selective permissiveness on the part of society and of provocative

³ Samuel Koenig, *Man and Society: The Basic Teachings of Sociology* (New York: Barnes & Noble, Inc., 1957), p. 303.

⁴ Helen L. Witmer and Ruth Kotinsky, eds., *New Perspectives for Research on Juvenile Delinquency* (Washington, D. C.: U. S. Department of Health, Education, and Welfare, 1956), p. 8.

⁵ Koenig, *op. cit.*, p. 42.

⁶ *Treatment of the Delinquent Adolescent* (New York: Family Service Association of America, 1954), p. 8.

playfulness on the part of youth." We note here two components: (1) that the youth have a commitment to use this license; (2) that the society has a ceremonial acceptance of this moratorium. Regrettably, much of the sowing of wild oats is a confusion of positive and negative sanctions for similar acts. Such confusion is compounded by the various interpretations of the acts by the juvenile officers, the victims, the delinquents, the neighbors, the social agencies, and the family.

When we speak of sowing wild oats, we usually think the reaping is left to the birds; but increasingly, it seems, in some sections of our city, the moratorium is suspended and there is invoked: *As ye sow, so shall ye reap*. From this point on it would be much more comfortable to escape with a trim paraphrase such as "Life experience predisposes and group experience disposes!"

Human beings spend their lives in group associations of varying intensity and extensity. Youth, having learned a design of association in the familial group, seek out or create within their expanding milieu the associations they perceive will meet their needs and interests. Such associations are referred to as groups. This term Edward Sapir has defined as a

community of interest [that] may range from a passing event which assembles people in a momentary aggregate to a relatively permanent functional interest which creates and maintains a cohesive unit.⁷

A wide range of youth groups are referred to as gangs. Under this general label of "gangs" we have identified seven group forms or structures.⁸ In their adjusting to society, youth develop those group forms that are functional to their needs. The labels we have attached may not be the most appropriate but, for the moment, they represent a handle for us to grasp.

The criteria used are those developed by Grace Coyle.⁹ The identifiable group processes include: (1) membership and goals; (2) interpersonal relations; (3) structure; (4) control; (5) communication; (6) deliberation; (7) group emotional climate; and (8) culture.

In the seven group forms we have identified roughly, we are unable to pull out of our records all the data we need for concise descriptions. Of those descriptions we have, some represent forms familiar to all of us; some appear to be new forms; and all may be challenged.

⁷ Koenig, *op. cit.*, p. 204.

⁸ Frederic M. Thrasher, *The Gang, A Study of 1,313 Gangs in Chicago* (Chicago: The University of Chicago Press, 1927), pp. 58-76.

See also Paul Lerman, *Some Notions About Forums of Informal Group Life of Youth; Implications for Practice and Research*. (Unpublished manuscript, 1958.)

⁹ In *Advanced Group Work Seminar: Outline of Concepts re the Group Process* (Cleveland: School of Applied Social Sciences, Western Reserve University, 1957).

Let us begin with the familiar group forms:

The crowd. An aggregate of youth from 8 to 22 years of age. Membership is transient, episodic, and expansive, but not completely open. The interpersonal relations can support a communication structure. The aggregate does not function as an entity except for the transfer of information and making association conveniently accessible. This appears as a layer of the age society of manageable proportions. It comprises a diffuse community of interest and does not deliberate as a totality on matters of common concern. There are no observable artifacts of culture, but there are norms of fluidity, expediency, and communication. At no given interval will there be more than fifteen or twenty but the aggregate availing themselves of this transfer device may number over a hundred.

① *Interest group.* Sporadic, seasonal, or opportunistic interrelation of three to twenty peers around a mutually shared interest in a co-operative activity such as team games, sports, cards, movie-going, and delinquent acts as have been enumerated. The goal is the satisfaction of the activity. Interpersonal relations are defined around the goal and the structure is functional to the goal as are the communication, controls, and deliberative processes. Norms are proscribed and occasionally other artifacts of the culture may be evident such as baseball uniforms.

Clique. The closed, intensive, and persistent interrelation of two to five persons in a primary group association. Although relating to a number of other group forms this association retains its identity as a friendship constellation. The interpersonal relations are so reciprocal or complementary that control, communication, and deliberation are by consensus and the cohesion is such as to attest to an infinity. Activities are diverse including some acts of delinquency. There are usually no observable artifacts of culture except for the loyalty and friendship.

Solidified group. A relatively closed, persistent interrelation of six to thirty persons in a psyche group. This is a primary group association characterized by recognized mutuality of diverse interests and goals among the members, where the intensity and extensity of interpersonal relations are strong enough to support a structure through which there is exercised communication, control by consensus or prescription, the selection of leadership functional to the group goals, and the deliberation of mutual concerns. Such a group form develops cultural artifacts including a name, norms, rituals, insigne, and so forth. This group form is cohesive and self-perpetuating when not subjected to overwhelming vicissitudes.

Institutionalized organization. A relatively closed persistent interrelation of persons in a psyche-socio-group association. This is a secondary functional affiliation comprising numerous primary groups and individuals of thirty-five to three hundred and over. This association is characterized by goals, membership requirements, group structure, cohesiveness, some deliberation and a recognizable culture, including name, uniforms, insignia, ritual, clubrooms, and the like.

The two new forms appear to be:

The cluster. A constantly shuffling interrelation of two to eight peers. Relations are transient, mobile, and expedient, serving interests and a tentative social structure. Communication is intermittent, controls are personal and external, and although membership is relatively closed there is insufficient emotional climate and structure to support much but the tentative, floating personal relationships. It associates with kaleidoscopic and solidified gang structures as fringe members. Any expedient association of two or three comprises a subgroup that may commit delinquent acts.

The kaleidoscopic group. An association of people around an ascribed power, person, clique, form, or name. Membership is expansive and contracting, appearing to be transitory and expedient rather than defined and persistent. There is little persistence in group participation but the power person or clique form accommodates chains of interpersonal relations sufficient for a structure of defense or attack that depends upon the perceived degree of threat from without. Communication is by a chain network that entertains rumor, fact, or fantasy; controls are from without the group form; there is little cohesion except under pressure of attack and at such times the emotional climate is vital and intense. This group form usually has a name, an elusive but evident cloak of protection but does not have an agreed-upon uniform, rituals, or other cultural artifacts. Norms are simple and expedient to the situation. Leadership is by coup, demonstrated or attributed daring. Membership is functional to conflict situations and provides an intensity of power by association of the clique and cluster forms and the isolates.

Membership selection and rejection in all these group forms reflect the community of interest that makes up part of the life context of these youth. For example, in an Italian-American community of interest, membership will be along family extension lines with the occasional inclusion of a Mexican. Or again, another minority nationality group may include the occasional Mexican, Puerto Rican, or Negro.

As we have indicated, all these group forms are labeled as "gangs."

The labeling may be done by the group form, by those who see the group form, and by the press. Depending upon the threat both from within and without, these group forms interact in various combinations.

Now having roughly sketched out some group forms we still must wrestle with the interactions of personalities and groups that produce the behavior. The work of Lippitt, Redl, and Polansky has given us a level of theory in their findings on contagion and "shock effect."¹⁰ Their studies indicate: "... the trend toward contagion is higher if the initiator enjoys high status in the group, while contagion is less likely to occur if the initiatory act comes from an individual of low status... behavior that is related to items which have high value rating in the group code is more easily contagious than other acts by the same individual."¹¹

In general, it appears that high value rating is consistent with what is expected in sowing wild oats. This includes swearing, drinking, fighting, loitering, "wolfing," various kinds of sexual experiences, stealing from abundance, property destruction inadvertently or in retaliation of real or presumed offenses to person or group, and sounding-off declarations of independence from the family through "Mammy Rapping," "Girl Rapping," and similar activities. In these thrusts for independence, the youth seeks an individual identity, and he uses the group to test off *what he is* and *what he is not*. Many times the threat from the communities of interest in conflict is so great and the distrust so pervasive that the youth cannot find out who he is—this is kept secret from others and occasionally from the youth himself.

High value is also given to acting out the conflicts among the communities. This is a ready-made battleground in which one may join at any interval. Such acts are against the person or property of acceptable victims. For example, Negroes in white communities, whites in Negro communities, Puerto Ricans in Mexican communities, and vice versa.

With such examples, we have alluded to the fairly universal phenomenon of social mobility. In the areas with the larger proportion of delinquent acts, there is usually evidence of rapid social mobility that brings people of diverse social strata and subcultures in close physical proximity too fast for accommodation. Under such circumstances, there are relatively few cushions to absorb the jars that come when the adolescent "goofs off" hard. For example, a motorist leaves his car unlocked. A cluster ambles by, sees the car, and borrows it without

¹⁰ Fritz Redl, "The Phenomenon of Contagion and 'Shock Effect' in Group Therapy," in Eissler, *op. cit.*, pp. 313-328.

¹¹ *Ibid.*, p. 318.

much thought except: "Nobody should be so dumb and let's take a ride." There's the excitement of power, of commanding this highly desired symbol of adulthood, and the fear of getting caught. This fear seems a part of the excitement of playing "cops and robbers," the outwitting of "stupid, confusing adults." If the ride is reasonably uneventful, the adventure is good for hours of conversation. If the ride is interrupted by the intervention of the police, complications may set in. They borrowed a stranger's car, not the car of a neighbor. The station knows the youth as truants, as having been in fights, and as pilferers. The youth know school was hard for them and the teacher hadn't had time to help and maybe the family couldn't; the youth know everyone fights and no one but the police break up fights; the youth also know the adult fence to whom you can sell the stuff you steal for cash. For these youth, there aren't the cushions of neighbors who are interested, the teacher who has the time, the family who has the resources to help, a community structure that provides sufficient social economic security for most. In the highly mobile areas there is a density of individual family units anxiously, doggedly, resignedly, or contentedly struggling alone or perhaps in crowd forms. There are few cushions to absorb the thrusts for independence and identity.

There is little opportunity for what I call situational support or containment, that is, the circumscribing of life's events to manageable limits. In these areas where various social strata and subcultures are in close proximity, there is what Durkheim has called "anomie"—a normlessness. Now we can say, in areas where there is little opportunity for containment, that contagion spreads rapidly in the crowd, cluster, and kaleidoscopic group forms. And that there is potential insulation from combustion and contagion in the interest-group, clique, solidified, and institutionalized group forms. Further, because these group forms are threatened with destruction both from within and without, there is added pressure to fight and to use and to accept authoritarian controls.

But group variables cannot account in full for the contagious effect. Redl writes that he has a strong suspicion that the group psychology determines more "the when" and "how far" of the contagion effect than the "why."¹² He tentatively ventures hypotheses that will require testing. He suggests that, other things being equal, contagion will take place if:

1. The "balance" within the recipient is strongly loaded in favor of impulse expression to begin with.

¹² *Ibid.*, p. 319.

2. The degree of freedom from fear and guilt shown by the initiator is just strong enough to relax the imitator, but not so extreme that it frightens him into fear of loss of control.

3. The area in which contagion is to take place is relatively free of other problems.¹³

Redl also discusses the highly relevant shock effect and forms of reaction to shock. Because our concerns are with a central focus, the average expectancy as it were, we shall put this aside for the moment.

Thus far we have said that our study, diagnosis, and action are focused on an age layer of youth from 6 to 24, in a wide variety of social settings. These youth seek out or create associations that are functional to their needs and find expression in different group forms. The impetus of the youth's development requires emancipation from the family group and the establishment of an individual identity. This is achieved through ego involvements within peer groups and among the groups of a community of interest.

During the interval between the play-age and adulthood, these youth have the license to sow their wild oats. But where there is little containment in the life context of youth, the oats sown are too wild for sanction by law or mores. These acts then become delinquency. Society sets its limits and requires that each person stay within its ranges as established by law and the mores. From this range it is determined whether one is in violation of the law or mores, or is sick, or is all of these. This measuring instrument is elastic and responds readily to community pressures and to the frame of reference of the persons using it. Even the measuring instrument can only be understood in terms of group interaction.

Some of the behavior represents the adolescent thrust. However, we have to look to Robert K. Merton, the sociologist, for understanding as to why there is a greater frequency of delinquent acts in some areas than others. He proposes:

... some unknown but substantial proportion of deviant behavior does not represent impulses of individuals breaking through social controls, but on the contrary, represents socially induced deviations—deviations which the culture and social organization conjoin to produce. In other words, social and culture structures exert a definite pressure upon certain persons to engage in nonconforming rather than conforming conduct.¹⁴

These pressures are evident in the conversations of the youth when they say: "We're having fun now, man. What's in the future man?"

¹³ *Ibid.*, p. 325.

¹⁴ Witmer and Kotinsky, *op. cit.*, p. 29.

Hard work." This youth found in life about him enough reality fragments to make this a truth. He was a Negro who had known deprivation, too little security, and too few satisfactions to permit him to bank on the uncertainties of delayed gratification. He observed: "Hell, man, what can I expect? A dishwasher's job. So I should go to school so I can wash dishes? Man, I can do that now." In this example we can note the fusion of the moratorium and the discrepancies between the culture goals and structures for attainment.

All this thus far seems to support the thesis presented in *Social Structure and Personality in a City*. The various contributors indicate that individual behavior can only be understood in terms of his social relations with particular groups in interaction.¹⁵

We note identical delinquent acts but we seek the answer as to why these youth behave as they do. Although Redl attributes the disturbances to any one of several areas of personality, the categories he suggests can also be understood in terms of the individuals' social relations with particular groups in interaction. One area of deviant behavior is that designated as (1) "reactive behavior." This is the organism's defense against something that has been done to it. One can conceive of this occurring in any number of groups and being evident in direct action toward the family or other group where it occurred or displaced in any of a variety of situations depending on the boy's status in the group, its structure, social climate, goals, and so on. (2) Other delinquent behavior can be attributed to growth confusion. The body grows at one pace, but the intellectual or social growth is on a different time schedule. The resulting confusions from grade placements, roles assigned by the groups, the activities of the peer group, and the family group in interaction complicates matters for the youth and his groups. (3) Some delinquent behavior arises from the individual endowments of energy, intelligence, physical efficiency, and adaptiveness. These differences affect the individual's selection of and acceptance by groups and his activity in the group. We have some cues on this in the work of Helen Hall Jennings, but we could use a lot more knowledge. (4) Another area of delinquent behavior can be attributed to the energetic pursuit of sowing wild oats in accordance with the expectancies of the community of interest. (5) A fifth area of delinquent behavior arises out of deficiencies in endowment, deficiencies in the development of controls, or mental illness.¹⁶

¹⁵ O. E. Oeser and S. B. Hammond, eds., (New York: The Macmillan Co., 1954), pp. 5-6.

¹⁶ *Ibid.*, pp. 58-61.

Differentiating between these various behaviors in interacting groups is difficult, but this is the task before us if we are to provide the service to individuals, groups, and communities that will help each find support in associations that, in their interaction with all other groups, will offer security and satisfaction for most of the youth and provide special resources for those particular youth with special problems of growth or illness. Unfortunately, such study and diagnosis cannot be done without working with the group. Most of the time we are asked to prescribe activity for the "gang" without working with the group. Most of the time we are asked to prescribe activity for the "gang" without being given the time or the supportive equipment to find out what it is we are prescribing for.

28 Mental illness has been left to the last because if we proceed along the lines of differential diagnosis of individuals and groups on the basis of the intra- intergroup interaction, we will find only a relatively small proportion of sick youth.

22 It can be observed in passing that some of the behavior we see is a blind, a covering-up of retarded growth sequences, neuroses, and possibly psychoses. Although some of this behavior mirrors the familial group, it remains that treatment is needed. Our records note that the members of various group forms recognize the erratic or different member, and that, if he is too much of a threat to them, he is rejected and discarded. Some kids get this treatment from a variety of group associations: home, school, agency, peers, and ultimately are sifted out to a cluster form of "devalued discards." Or again, some group forms put up with these kids as fringe isolates. Their function in the group seems to be to carry the roles of initiator of "bad acts" and the "fall guy." For example, in a recent event when a solidified group form made the newspapers for property destruction and fighting, it was found that the group was out to defend their honor but were in happy mood, not too concerned with their imminent goal. Getting to their destination, a boy started the incident by breaking up the first car. The record points out that the group thinks the fellow who started it is "nuts," a guy who does crazy things of the "I-dare-you" variety. He has been repeatedly rejected by the group and became a member only recently. It was possibly at this interval that the group felt strong enough not to be threatened or destroyed by him.

The status of the youth with an illness makes a difference in whether his behavior contaminates the group; the structure of the group form determines the extent of contamination; and the pressures from interaction affect the intensity with which the group responds. Possibly the

ill youth are the greatest hazard in the least cohesive group forms and may turn up there in the greater numbers.

The nature of these specific illnesses is of concern to us to the extent that we can understand the gross symptoms and facilitate referral. Now we come to the eternal dilemma of prevention and treatment. Such a dichotomy is justified on the basis of accessible means and not on the basis of desirable practice. Thus, there are no alternatives but to plan our focus for what needs to be done, namely, the study, diagnosis, and intervention with the interactions of the social processes. This necessitates continuing service to:

1. Communities of interest of adults to help them discover and to work together on mutually shared concerns about their children.

2. Communities of interest of youth to help them locate and use their own and community resources for adventure, experimentation with the modern and adult world about them, and getting on with the business of identification crucial to this growth stage.

3. Various group forms, seeing them as they are, i. e., interacting units within a life context. Three particular group forms seem particularly critical in areas of little containment—the kaleidoscopic, the cluster, and the solidified—in which the activity interest is frequently limited to reactive behavior or contagion from boys with illness.

Unfortunately, society (which must pay the bill for this problem) has an inclination to buy first-aid kits and distribute them around. The fundamental dilemma appears to be how to allow for the awkward thrusts toward adulthood and provide sufficient support and deterrents to keep these thrusts within limits that can be absorbed without harm to the other people and without compounding the problems of the youth. The situation calls for more than first-aid kits; it requires the mobilization and concentration of resources on the problem. To settle for less is to concede that some must die, some must be crippled and scarred for life, and that it is too bad to have perpetuated the cycle of families with too many problems, but that is the way of life. Although we know too little, we already know more than that. Muzafer Sherif has written:

No other problem in human affairs today seems so crucial and so fateful as that of group relations. The problem, both in its intra- and intergroup aspects, has forced itself to the foreground in the course of momentous events of recent decades. Probably the general run of cases of anxiety, insecurity, conflict and restlessness that plague so many individuals at the present time . . . may be closely related to (the) unsettled, unstable state of their settings.¹⁷

¹⁷ Muzafer Sherif and M. O. Wilson, eds., *Group Relations at the Cross Roads* (New York: Harper & Brothers, 1953), pp. 1-10.

Sherif finds no short-cut solution to the problem and asserts that inadequacy of the one-sided approaches makes an interdisciplinary approach a necessity. In a similar vein, I see, but am unwilling to accept, any alternative but that the focus of our attention shall be on differentiating behavior within these various group forms in interaction in different social settings. Further, I see that the focus of our work must be on the intervening with the interaction of social processes in all areas of too little containment to the end that there may be security and satisfaction for *most* youth and for those particular youth with special problems of growth.

Group work services for mentally retarded adults living at home

NORMAN FLACHS

This is a report on an experimental group work program. It will try to show how the co-operative process can be structured to enable social work skills to develop and direct a program that the community wants and needs. (19)

With the tremendous pressure on resident institutions, both public and private, throughout the states it is not surprising that every attempt is made to exclude or remove from residential care all except the most urgent cases. In dealing with the adult mentally retarded, this means a program of encouraging the guardians of these retarded, as well as the communities in which they live, to keep them at home and develop new services for them, or to absorb them into existing services wherever possible. If the individual mentally retarded adult can physically manage his basic needs adequately and if he presents no danger to himself or others, it is increasingly believed that he should remain in the community, particularly since there is little opportunity for placement even when placement is desired. (2)

Mentally retarded youngsters who have been designated as uneducable and untrainable but who have had the opportunity to attend special schools (public or private) can usually stay until they reach the chronological age of 15 or 16. Communities have become increasingly aware, however, that when they are removed from school either before or at the time that they reach the age limit, they return home for a future devoid of social contact with their peers and limited in all (28)

areas of relationships. Thus, the population is growing of mentally retarded adults (including the severely handicapped) who remain in or are being returned to the general community. Not only do they need a planned program to assist in caring for their own social, educational, physical, and emotional needs, but their families need help with problems of adjustment to and acceptance of the immediate realities that living together presents. Since we are now faced with a problem not only of individuals but one of total family, it would seem correct that communities should accept responsibility here as they have done in other social areas, and should mobilize existing services to offer help in coping with what is bound to be an increasing community problem.

Two years ago, at the request of the local community welfare council, parents of the mentally retarded, and other interested persons, a series of meetings was held to determine the needs of the chronologically adult retarded in our community. Although the results of these meetings pointed out several areas where beginning services might be rendered, it soon became apparent that the greatest needs were for the severely retarded who had no social, recreational, or educational activities whatsoever. These were youngsters who had only limited, if any, institutional care and special schooling, who were living in practical seclusion from all but the closest family, and for whom no planning was in evidence in the immediate future. It was also established that the parents, guardians, and siblings were also in need of assistance, for they were suffering from the strenuous effects of constant care of and concern for their charges. Along with this was a wide variety of emotional and psychological problems such as guilt, shame, frustration, fear, and so on, evidenced by many of the parents or guardians in relationship to the child. Needless to say, in many instances these problems disturbed harmonious total family relationships. In a beginning attempt to get at some of the problems, a program was devised with the following objectives.

1. To develop a group program to enable chronologically adult severely retarded individuals to have an opportunity to play, learn, and socialize within their own limitations.
2. To provide a social experience of a continuous nature under the supervision of trained leadership so that clients might be helped to function at their highest potential as a result of a combination of recreational and educational activities.
3. To relieve the families of these children so they could carry on, unburdened, some social and business activities, thereby lightening their load and giving them an opportunity to be relieved of the strain of

constant care for the children. The parents could accept this separation knowing that the child would receive proper care and supervision while they were away.

4. To test and experiment with program to see if a more happy healthful social climate could be developed for the retarded adult (henceforth to be designated as child) and the family group with which he lived. Since little or no background information concerning specific testing or other case material was available on these children, plans included preparation for testing in order to provide a scientific background to help in planning for the group. This will be discussed more fully later.

The procedure for acceptance into the group required a careful intake interview because few previous records on the children were available or obtainable, or none at all. An interview was required of the child's parent and the child was brought to the interview so he could have an opportunity to see the physical setting. A history of the child was requested, and this was followed by social service exchange clearance and contact with the family physician, schools, or any other potential resource. Exploration of the physical and social habits of the child was made, since without the benefit of a preadmission testing program, the children had to be judged as to ability and capacity for concentration, learning, and participation. Membership by the parents in the local parents' group was required since the planned program involved the families to a great degree.

The initial group consisted of twelve girls and boys ranging in chronological age from 18 to 50 and in mental age from 1 to 6. None of the children accepted had any known serious physical handicaps, and none had any known mental illness. One epileptic in the original group was eventually screened out when a medical prognosis indicated her seizures of *grand mal* were leaving her in a deteriorated physical condition. A waiting list of over thirty youngsters was kept by the parent body and new admissions of two youngsters a month were determined by referral from the parent group and consultation with the professional staff.

The program began with three leaders, a trained social worker with previous training and experience in work with the mentally retarded, a paid assistant, inexperienced but selected for his ability to relate to all individuals, convey a feeling of friendliness, understanding, and trust, and his ability to accept supervision and learn and work with multiple skills. The third leader was a volunteer, a mature woman taking courses relating to atypical groups, who brought a spirit of warmth and affection to the group as well as a wide variety of program

skills. Two parents were also required to remain for each session, not only to assist in the program and fringe work, but to enable all the parents to have an opportunity to see firsthand some of the activities and the response of their children. This knowledge, it was hoped, would enable us to discuss more adequately some of their concerns about their children.

At the outset it was necessary to give individual help to nearly every child in the group. A major objective became the development within the children of their relationship to the agency and the group through an awareness of what was happening to them. Previous experience had not prepared them for group activity. They were tense and restrained during the first few sessions, but with continuity in time, place, and faces, they began to become more relaxed, develop group feelings, and respond to each other as well as to the leader. Whenever possible, the children were encouraged to do things for themselves and as the sessions advanced, the need for individualized help decreased, and more and more voluntary participation took place.

The program itself was carried out with a wide variety of activities, some with immediate success or near success, others with failure. In the formative stages, the attention span for individuals was so limited that activity changes were necessary every ten or fifteen minutes. As time went on, however, the learning experience was coupled with recognition, and attention to and interest in activities enabled us to plan regular periods of activity. The periods were finally extended to over thirty and up to forty-five minutes of activity.

Group activities included such usual ones as music, singing, rhythm, sports, games, crafts, stories, dancing, hiking, picnics, and special trips. Among the specific things the group has learned to do include playing dodge ball, bowling, having discussion, building and caring for campfires, learning words and music to songs, identifying animals and birds, sharing equipment, and helping to plan and set up social activities and parties. The outstanding result of the program appears to be the ability of the participants to develop and successfully carry out functions beyond their previous limits. This gives rise to the speculation that many of these children are capable of greater potential than is evidenced by routine or previous performance, and that their potential can be partially and possibly fully realized through specialized group work services such as those being tried.

The testing program was integrated almost entirely with regular activity, so there was a limited amount of insecurity in participation. Actually, we experimented with tests that were devised specifically for this group by our own staff and other interested professional people.

There was strong feeling that the popular tests available sufficed as an initial measurement of where the children were when the program began, but few if any of the tests could accurately measure the learning situation taking place in such a group as ours. Experiments with the tests are still being conducted, and the results will hopefully be made available together with the tests in the near future. (5)

Along with the activity program for the children, regular individual and group meetings were held with the parents. In these meetings we discussed ways and means of helping to carry back into the home situation some of the benefits the children derived from their group activities. We discussed problems pertaining to the children's medical and dental care. The general program was discussed and our staff was helped by learning how the children responded at home after and prior to each meeting. The parents were motivated to work for all phases of community programs for the mentally retarded and to set up a special committee dealing with the adult mentally retarded. Special events, such as birthday parties and picnics, were planned to integrate the group with members of the family so that these events could be shared after the activity took place. Probably most important of all, the parents were able to discuss some of their concerns about the children and were made aware of possible approaches to many of the problems.

Through constant observation and record-keeping, we found that some of the children could be prepared for part-time work. With the help and encouragement of some of the local business people, three of the children were placed on jobs a few hours a week. More work along this line is possible through educating prospective employers to give them jobs they can perform. Preparation for and placement on a job are among the more sensational results of such a program as this one. Less in evidence but more important in establishing criteria for the success of the project in relation to the stated purpose is the great easing of tension within the family unit which becomes evident. Parents state that the children are happier, easier to handle, and that life is more tolerable. The community has come to accept the group and does not look upon the children with fear or ridicule as originally.

As the group became more cohesive, and the parents of these youngsters became more familiar with our methods and technique, they were able to express their hostility toward the community welfare agencies, public and private, toward the schools, the medical profession and other groups. During group discussions it became obvious that a great deal of resentment had been built up against community resources because of a lack of organization that might have resulted in co-opera-

tion with, rather than apparent rejection by, such groups. As we examined the situation, we discovered that by working as a group we were able to expose problems and receive good support and co-operation from the parents. For example, it was pointed out time and again that it was difficult to get proper medical care for the children since it was so time-consuming to diagnose and treat these youngsters. Discussions about their problem with family physicians led to the medical society's extending an invitation to me as the worker to describe the program and to see if ways could be found to meet their medical needs more adequately. Similarly, the desirability of help from the schools in planning for and aiding in special educational programs was discussed with the school authorities, which cleared up the cloud of uncertainty as to what the schools could or could not do legally, and paved the way for more advantageous expenditure of effort to secure the desired results.

Typical results of the program are indicated in the following excerpts taken at random from statements of parents.

My daughter is 20. She has found out how nice it is to have friends of her own. She enjoys the sense of belonging, and loves to be with the other children. These children trust one another and enjoy the simple delight of being alive. There is never any fussing or fighting in the group, or any unhappiness. My daughter has developed a little spark and is beginning to assert herself.

My child is over 35. She had become increasingly more difficult to live with and to handle. Through her meetings with the group and its leaders we have been able to see a happier child. She looks forward to each meeting, and threatening her with not attending is the worst possible punishment for her.

My boy is 24. He has never done anything but sit around the house. Now he goes to the group, visits the library, and seems happy and alive. Finding him a job was beyond any expectation we've ever had. We wish all such children could have this opportunity.

This program is one which has afforded us an opportunity to put some basic social group work as well as other techniques into practice in a situation where initially it would appear that special techniques were required. Although mistakes were made, we found that by adapting our professional skills to meet the needs of their groups we were able to develop a successful program. A sensitivity to the special handicaps of our group members alerted us to be aware of any areas that would produce failure and frustration. Programs (except special events) were planned session by session since it was essential that there be no rigidity in planning, and that each session prepare the leaders

for planning the next session. We found the group easily motivated, eager to participate, and not given to any serious behavior patterns. There was complete acceptance by the group of each member, and they were supportive of each other in all areas.

Obviously, this project has just scratched the surface, but it illustrates once again that with planning and co-operation the profession of social work is able and willing to use its skills in helping meet a community welfare problem. By sharing in this way what is taking place throughout the country, we can return to doing a more adequate job in meeting today's welfare problems. The growing body of services for the mentally retarded indicates hope for thousands of families. This project has achieved a further measure of success if it has aroused interest in other communities in also undertaking similar programs with the severely retarded adult who is living at home.

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Group work with newly arrived patients in a mental hospital

ARNOLD EISEN

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The use of an orientation group for mental patients newly admitted to a hospital does not seem startling or original in concept, or questionable as a method in aiding the adjustment of the patient, yet there are few references in the literature to indicate that such a practice exists. No doubt the problem of orientation exists in many hospitals and is met in various ways, but apparently it has not been considered a major problem. During the initial phase of hospitalization different services do provide an orientation for their patients and this probably represents a fragment of the helping process. It is my view that an integration of the orientation process would be extremely helpful as a method of aiding the adjustment of new patients and that the social group worker is in a strategic and unique position to help bring about and further this process.

This paper will describe how the Group Work Division of the Department of Social Services of Hillside Hospital employed a formal group situation as part of the induction process of the patient newly admitted for psychiatric treatment. This group developed out of the experiences of caseworkers and group workers who deal with the problem and anxieties of the new patient. It had its early structured beginning in the ward self-government group discussion, evolved into an individual intake and orientation by the group worker with the new patient, and culminated in the current group.

Hillside Hospital is a private 200-bed institution for the diagnosis

and treatment of mental illness. It is a voluntary hospital with a primary focus on psychotherapy, whose goals in treatment are supported and furthered by other professional disciplines which include social casework, social group work, occupational therapy, creative therapy, and psychology. The over-all emphasis of the hospital is for treatment within a therapeutic milieu and to this end a great deal of effort is placed upon helping the patient re-establish interpersonal relationships with the therapist, staff, and fellow patients. As part of this helping process the social group work program was introduced in 1953, as a result of dissatisfaction with the more traditional recreation program that had been in operation for a number of years prior to the arrival of the first group worker. The group work service was referred to at the time as "Group Activities" and began to develop, through program and professional personnel, an emphasis on patient leadership and participation in a variety of different groupings. Paramount among them were the ward self-government and the social peer groups as well as many special interest groups. Part of this growing emphasis upon the patient's participation in the social aspects of hospital community living was the assignment of a group worker as an adviser to each ward in the hospital. As the group work program developed, it was inevitable that, through the self-government meetings, the group worker became intimately aware of the many problems of living together experienced and expressed by the patients. An important part of the group work service has always been to help the patient adjust to his circumstances, while at the same time allowing room for the expression of his feelings and an opportunity to bring about changes in his environment. As the program became established, the group worker, through the team, began to offer insights into various aspects of patient living that were of help to everyone concerned with the treatment and care of the patient. It was a logical development for the group work and the casework services to combine into an over-all Department of Social Services; the project described in this paper in part grew out of this merger.

Concern with the impact of hospitalization on the patient began with the caseworkers as they fulfilled their role in the treatment program of the hospital. Louise Pinsky, assistant director of the department in charge of casework services, wrote:

To families who may have struggled with inner and external conflicts for many months, perhaps years, hospitalization once effected brings a sense of relief from tension. The feeling of crisis, which may have preceded it which may be aggravated by guilt when they send the patient to a public hospital, is alleviated when hospitaliza-

tion is sought and effectuated in a private hospital. To a patient, on the other hand, hospitalization per se constitutes a greater crisis in terms of the impending change requiring decisive action as well as fear and anxiety attendant upon this important step. . . . The admission procedure of Hillside Hospital is such that the patient's and/or the family's first contact with the hospital is through the Social Service Department. While the ultimate responsibility for determining a patient's suitability for the kind of treatment it offers rests with the medical authorities, the Social Service Department handles all applications for admission and determines gross eligibility. . . . During the application process the emphasis is on helping patient and family to meet the first hurdle—the consummating of the decision which brought them to the point of application. The patient's admission to the hospital marks the beginning of a new life for him in that he must learn to settle down in an unfamiliar environment which, though devoid of the stresses and strains of the old familiar one, creates new problems, new crises.¹

Thus, in the initial consideration of hospitalization, the patient and the family have the primary and most extensive contact with the social caseworker assigned to intake where gross eligibility is determined and the acceptance is approved by the medical authorities of the hospital. A varying period of weeks to months ensues before bed space is available for the approved applicant during which time the intake caseworker remains active. The thoughts and ideas that run through the patient's mind as he waits for the day when he will be admitted to the hospital are, therefore, known. While his decision must be voluntary, it is made under the pressure of the illness, the family, or the community. Therefore, the notification that the hospital is ready to receive him marks an important step in his life. Many patients have been in private treatment or have been receiving help from social agencies prior to their hospitalization. For many, however, hospitalization is a new experience. Unlike anything else they may have experienced before, this may be their first separation from their family, their home, their community. While the sources of their problems are rooted in this background, the concern and anxiety accompanying a shift from the known present to the unknown future in the hospital are real. As they meet the patient on his arrival, the admitting doctor and the intake worker have a keen awareness of the trauma of this experience. The social group worker is also aware of the patient's fear and anxiety when he encounters the patient a few hours later on the ward.

Until recently every patient, regardless of condition, was admitted to the closed ward for an observation period. Thus his initial contacts

¹"The Impact of Mental Illness on a Patient's Family," *Journal of Jewish Communal Service*, Vol. 32, No. 3 (Spring 1956).

were with the most disturbed patients—those recovering from insulin or electroshock or otherwise in agitated, depressed, or suicidal states. It is no wonder that the reaction of some patients was to panic and to want to leave! While this combination of an admission and contact with disturbed patients still exists to a limited degree, the problem has by and large been resolved by admitting the patient, wherever practical, directly to the semi-open ward. Nevertheless, the intake caseworker was often beset by the reactions of the patient and the family to these first days, since much of what had been explained to the patient and to the family prior to admission had since lost meaning. Because the intake worker's function ends at the point of admission, to some degree the group worker was able to fill the gap through the self-government meeting and through the use of a less formalized relationship with the patient. Early recordings of a self-government meeting on the closed ward indicate how, in the face of the need, the group worker moved in to help through the sharing by patients of their own experiences in being hospitalized. An example of this is excerpted from a record of November 1955.

A marked change had occurred on Ward III since the previous week with six new patients to the ward, five of whom were new to the hospital. It is almost a complete turnover. Of those present at the meeting, only Carl and Larry represented the old group. They were outnumbered now by the new arrivals. Sam had gone downstairs as had Mr. White; thus a new beginning was made. Prior to the meeting and on a few days preceding, I had gotten to know most of the new patients as they had come on the ward. I had spoken to all of them individually to find out their interests and to orient them generally to the group and to give them an idea as to ward routines and procedures and the types of activities that were available to them.

I had met Mike and Fred the previous week but only had spoken to them to introduce them in the game room and to give them some idea of the hospital. However, the morning of the meeting I went up to the ward with some copies of the hospital newspaper and called all the new patients together and spoke with them generally about the ward, trying to meet any of the immediate questions that they might have had. These five or ten minutes when I do meet them as they come on to the ward help to a large degree with their beginning contact and orientation to the hospital, particularly when they come in new, quartered with someone they have not met and have not had the opportunity to talk with anyone other than the other patients. Once they have left their social worker and their doctor on the day of admission and are often faced with a closed ward, and when the meeting is a few days away, I will spend more time and answer more questions, but for this morning explaining to them about the meeting that would be held that night seemed to

suffice. When I came on the ward most were waiting for me and without hesitation flipped off the TV set.

Interest was active and I knew that they would have many questions, as before the meeting Abe and Billy had kept asking if they could raise any questions they wanted to at the meeting. I had assured them that they could. I sat at the head of a horseshoe and welcomed the new members, again reviewing some of the procedures of ward life and of hospital routine and the role of the Group Work Department in the hospital, explaining the schedule and some of the events and activities that were open to them. I explained, too, that we usually had officers on the ward. Recently, because of the change, this has not been followed, and I suggested that they hold off consideration of elections until they had a chance to know one another. I did, however, indicate that there was some information that might be of help and I read some pertinent parts of the minutes of the president's meeting with Mr. B (the administrator of the hospital) which I felt was a help to their understanding of some of the problems that do come up and that are handled by different parts of the hospital.

At the end of my exposition, questions started coming forth, but mainly about a new rule or rather a newly re-enforced rule on the ward. Abe particularly was active in this and complained that by having to stay out of their rooms between meals they were forced to stay in the small lounge. Larry and Billy particularly were aggravated. Billy said that sometimes he didn't feel like being with anyone and had to come out to the dayroom. Carl added his voice to the discussion complaining that this place was like a prison. There was a lot of negative and I said that I understood that there was a lot of feeling but that I myself could see some reason why they would close the rooms and asked if perhaps they know why. Mike and Mel, the latter particularly specific, said that they could understand that the hospital wanted them to get along with other patients and to be with other patients, but they felt that this was an unfair rule. I said that the hospital was concerned and that one of the things that they did not want to encourage was going to the individual rooms and moping and being depressed by one's self, and that while it did inhibit their freedom of movement somewhat, actually it meant they would have to find some way to get along with one another as they all had to share a small living room. Al said that ordinarily they probably wouldn't go to their rooms, but it was the idea of having no choice that bothered him. The agitation continued, though there seemed no way out, until Abe said that actually they do get into their rooms. I picked up on this and we discussed that it really depended upon the attendant or the nurse in charge, so that it was not as total as they had made it. This was one of the realities of being at Hillside, I explained, and that they do find ways of working with situations that at first seem overwhelming. I went on to point out that all in all there is no resolution of the question as a result of discussion but rather a great deal of feeling expressed and partly, I believe, due to the newness of being in a hospital,

the restriction of a closed ward, and the further limitation of movement on that ward. I said that while I doubted the rule could be changed and did not feel that it rightfully should be changed, I would still find out how it came to be and how it came to be reinstituted, if that was the case now.

... It seems that when there are new patients, one of the greatest needs and uses to be made of the group worker can be interpretation of the hospital and the hospital life where the patient can find some structure to help give him some feeling of the rhythm involved plus some specifics upon which he can latch. From this initial contact he needs help to find a place in the hospital where he can take movement, whether it be painting the shuffleboard court, participation in one of the groups, or the assurance that one do neither, but with the allowance for involvement at the time when he feels ready. This particularly seems so with Mike and Abe, to be allowed to sit back and to size up the situation, while for Bill and Mel the focus is to help them find some point or spot into which they can move and take hold.

This, for the group worker on the closed wards was a frequent, if not regular, occurrence and often the other patients on the ward would rally to help the newcomers face some of the problems and to share their own experiences. However, it was haphazard in that it depended upon the mood of the group, the feeling tone on the ward, or the urgency of the problem and was not a consistent or regular method for coping with the impact of hospitalization.

Patients themselves have always been highly conscious and aware of this problem and, under the leadership of the group worker and through the self-government meeting on the closed wards, attempts were made to handle the feelings of a new patient. Semi-open ward patients had themselves evolved a system for meeting the newcomers by developing welcoming committees which still function—sometimes sporadically, sometimes adequately—but which represent an interest on the part of the patients themselves in aiding the induction of the newcomer. However, there has always been concern on the part of all staff that, while helpful, this was an inadequate way of resolving the problem, partially because of the distortions imparted by one patient or group of patients to the newcomer. It soon became apparent that the hospital had to assume more direct responsibility for helping the new patient, and not leave it solely to the discretion of other patients.

Based on the experience of the group worker, the Group Work Division decided to take responsibility for individual intake of the incoming patient, primarily for induction purposes related to the group work program. In September 1957, the group worker began interviewing patients within three days of their arrival, focusing on some of their interests and their activities, in order to assess what some

of their social experiences had been with regard to hobbies, membership, and so on. This material was rarely available in the presenting material of the social agency, the referring physician, or the intake material of the caseworker. As a concomitant, it was felt that this individual intake by the group worker also helped the patient focus on what group work services were available in the hospital. This established a more systematized introduction of a patient to the group work program in addition to making the group worker known to him from the outset. The patient was actively helped to move into some of the structured activity programs offered by the division. An example of this intake interview occurred in October 1957.

Intake Interview on Ruth S. The patient is a 27-year-old single woman with a cleft palate, who was admitted to the hospital on September 25. This interview occurred on October 4, a full week after admission. I had established contact with the patient the day of admission, and we spoke briefly several times after that. By the time we did get together, she had some understanding of my role and the purpose of the interview and was eager to talk with me. . . .

I suggested we start out by talking about the kinds of social interests and hobbies she had and then look at what was available to her in the hospital. I asked what she had been doing vocationally, and she replied that she had been a clerk but had been very dissatisfied with it and wanted to find something else. I explained that her caseworker would be helping her in this area and that the group activities might help her in her thinking along these lines. I then asked about avocational interests, and she began discussing her interest in music, going into a great detail about what she liked and did not like, as though she were having a lengthy discussion with a fellow enthusiast. I attempted to relate her interest to the hospital by talking about musical evening activities. When asked whether she also liked to dance, she went into another involved discussion about her interest and her past activities. I mentioned the dance class and evening dances, and she commented that she had a wonderful time at the folk dance, but again went off on details of her past experiences. I interrupted her to mention other activities at the hospital, in an attempt to bring her focus back to the present. When I mentioned the library group, she picked up immediately, seeing it as a possible vocation. She was intensely concerned with the cataloguing system used and was very disturbed that there was no official connection with the public library and no professional librarian on our staff. I explained to her some of the social purposes of the group and the role of the worker, but my comment probably had no meaning to her. Again she returned to her own preoccupations and wanted to be admitted to the group immediately. She had great difficulty accepting the fact that she would have to wait her turn on the waiting list and pressed me to put her in immediately throughout the remainder of the interview. . . .

It was apparent that the patient was intelligent and had specific intellectual interests for which she would be able to find outlets, and which we might be able to use to help her develop social relationships. She appeared to be preoccupied with the past and with her vocational uncertainty and was not really accepting her hospitalization. She has apparently been quite isolated socially and is frightened of people. Her physical handicap may be an important factor here. Since the interview, the patient seems to have become less isolated and has allowed herself to become more involved in activities. She comes to self-government meetings regularly, occasionally participates in the discussion, and volunteered to be assistant record representative. She takes this job very seriously and does it conscientiously. At these meetings she is often hostile and critical, both toward staff and other patients, and tends to get preoccupied with working out plans to the last-minute detail and then following them up rigidly. She comes to current events sporadically, usually under pressure from me, and generally does not stay the whole time. She had refused to go to Business and Professional Women's group meetings consistently. Generally, she seems to be communicating more with other patients and with me, although she has been unable to develop any real friendships. She is taking an increasingly active role in her relationship with me, usually around her own personal demands. During team discussions her doctor has felt that she should be urged as much as possible into social activities despite her hostility, fear of people, and feeling about her handicap.

The effect was instantaneous and remarkable. The fact that there was someone available to talk to, not about the problems or the difficulties the patient was facing but rather how he could mobilize and utilize his time in the hospital, produced a response from the patients, and quickly became incorporated in the informal life of the patient body. At that time one worker records that when she came upon the closed ward a patient ran over and exclaimed, "Are you the person who is supposed to talk to me about what I can do here in the hospital?" It became known among the patients that one was to see the group worker in order to get into the program more quickly. The over-all result, as far as the group work program was concerned, indicated that patients were much more aware of what the program had to offer, what was available, and they became involved more quickly than before. Furthermore, the group worker became better known to the patient and it was found that many patients who otherwise would sit on the ward and say nothing, or who would have very limited contact with their fellow patients, or who would rarely speak up in the self-government meetings began to do so much sooner. This focused approach to the new patient by the Group Work Division hastened the socialization process for the patient within the patient body. This process also aided the development of the informal patient structure.

The group work intake process has also had an effect upon the working relationship of the group worker and the caseworker. Case-work intake responsibility ends at the point of admission, although under the pressure from patients, families, and ward personnel, intake workers in the past needed to sustain contact with the patient when initial complaints, dissatisfactions, uncertainties, and other problems cropped up. The group worker met some of these problems through the ward group discussion, but the patients' problems needed to be handled more systematically. It was found that often a number of days elapsed before a case could be assigned, picked up, read, evaluated, and acted on by the undercare caseworker. Out of the experience of the group worker in developing a very early and initial rapport with a patient, it was then felt that, as part of the social service responsibility, the group worker in the initial phase of hospitalization would evaluate with a patient some of the initial responses and reaction to hospitalization or problems that seemed to crop up and, if necessary, refer him to the caseworker. Where it was possible, the group worker handled the patient's early problems of adjustment to the new milieu as part of his relationship as the ward adviser.

Individual intake by the Group Work Division, while beneficial in most instances, still did not resolve the over-all problem of integrating orientation for new patients. Each service or discipline, including group work, had its own method, purpose, and approach. It was decided, then, that a structured group, available to all new patients, be instituted. The choice of a group as the means for effecting a systematized orientation developed out of observation that new patients tend to develop their beginning friendships with one another rather than with those patients who have been in the hospital for a period of time. The social hierarchy among patients ranks the newcomer and the closed-ward patient at the bottom of the status ladder. The purpose of this group would be to provide a tour of the hospital and a visit to some of the services and personnel, and to enable new patients to ask questions and share experiences. It offered an opportunity for the group worker, as the representative of the hospital, to interpret some of the program and goals of the hospital in the light of current reality.

The New Patients' Orientation Group began meeting in January 1958 with the co-operation of all staff. Even those patients who had entered the morning of the meeting were included. Friday afternoon was chosen in order to include all patients who entered during the week and, further, to make the group available to patients before their first weekend in the hospital. This was crucial because of the sharp break in routine that occurs when most of staff are absent. It is

the time when patients must rely more on their own resources without the structured hospital program. Also, the weekend is visiting time. The group has a two-week span. One week the major content is a tour, the other week discussion is the basis for the meeting. Since approximately seven patients a week enter Hillside Hospital, the group numbers twelve to fourteen, as each week's new arrivals join the group, stay for two meetings, and leave. There is a regular turnover—some patients come in on the tour, others on the discussion.

The idea for the tour grew out of our observation that some patients never see more than their own ward, the dining room, or whatever meeting room or activity room they go to for a particular program. I recall one incident when we held a meeting with a group of young adolescent boys in the male convalescent cottage. To my surprise, a number of patients had never seen the cottage, although they had been in the hospital for many months. One patient began to mobilize himself to move to the cottage, which he had been resisting for weeks. Since the normal course of the patient's hospital stay terminates in the cottage, where he is free to come and go and is subject to fewer restrictions, it is considered by staff and patients as the domicile of the healthier patients. One of the highlights of the tour is a visit to the cottage. Here the group is received by a welcoming committee or by the president of the cottage, who shows them the facilities and emphasizes that this will be their last residence in the hospital. The new patients responded immediately with questions and comments, asking the cottage patients how long it took to become a cottage patient, could everyone go to the cottage, what was it like, and many other specific questions that had the effect of mobilizing interest in a broader aspect of hospital life. This was considered extremely important, for then the patients' picture of ward life would not grow out of their immediate situation alone (whether the closed or semi-open ward) and there would be some anticipation of what lies ahead. In line with this, the tour included a visit to the patients' library, where a patient librarian explained about the facility, a visit to the doctor's reception room and offices (initially patients are seen on the ward), a visit to the occupational therapy shop and the creative therapy room, a visit to the patients' lounge, ending in a visit to the cottage and the grounds. In the occupational therapy and creative therapy shops, the group meets the staff, sees other patients at work, and are able to see the facilities. What was described to them earlier by their doctor, caseworker, group worker, nurse, or fellow patients thus becomes real. During the tour they are encouraged to participate in the programs they observed. As a result, the assignment to a group or an activity begins to move from being a suggestion by a staff member to a greater

assumption of direction and self-determination by the patient. When it can be based on actual contact or greater awareness, movement toward the program and life of the hospital can be made more meaningful.

As the group met, I began to sense the major concerns of the new patients. The decision was made to involve the patients themselves. Past experience in interpretation by one patient to another was discovered to be extremely helpful and valid as a process when it was done within a specific framework. A meeting of the cottage presidents was called and the suggestion made that they might want to join the discussion part of the orientation group. Interest was keen, and it was apparent that there was strong feeling on their part that they had something unique to offer, which they felt could not be imparted by staff. The patient group as a whole buzzed with the news of this new group and, as we toured the hospital, many exclaimed, "I wish they had this when I came in." The tour group grew in size as patients joined to welcome the newcomers. Thus, asking the cottage presidents as representatives of the patient body to join the discussion was perceived as the opportunity for presenting the patient's viewpoint in helping in the adjustment process of the new patient.

The discussion is a focused one and one-half hour sharing of feelings and experiences by the new patients as well as a specific orientation to staff and program. When the members of the group found that others also experienced the aloneness, the isolation, and the bewilderment they felt, the cottage presidents were able, out of their own experience, to give a perspective on this problem. This contribution by the patients to the group is repeated in many ways, and it is remarkable to see how the cottage presidents began to re-evaluate their own movement and relation to the hospital when called upon to share with staff the responsibility for the orientation process. The new patients, through their strength as a group, have demanded of the cottage presidents a greater responsibility for helping them fit into patient society, pointing out to the presidents instances where older patients have isolated or shunned new patients. Often a patient may present material that is irrelevant or too personal, but with the group's strong interest in the reality of the present, the patient who is confused or contributes in an abstract or irrelevant way is able to respond according to the strength of the group. When the routine and rhythm of the day and week are explained, the new patient understands better what is taking place about him, and comprehends that it has meaning and is not as haphazard or unstructured as he projects. Not only does the group provide a vehicle for expressing feelings, it also makes it possible to transmit vital information.

The final part of the orientation deals with staffing. It is here that patients can begin to sift out the roles of the various staff members they come in contact with. The group worker's understanding of hospital structure seems most pertinent, and it is this knowledge that the group can draw upon. It has been particularly important to help the new patient know whom he can approach about specific problems or interests, and to support at this early point the will to extend himself to the doctor and the other staff. Reference is made to the ward adviser, whom most of the group have met either the previous night at the self-government meeting or in an individual group work interview. The patient is encouraged to move into the program of the hospital, and for the most newly arrived patient, even the experience of those in the group who have come in a week earlier is helpful.

Our experience with group orientation has been brief, a matter of months, but we believe it has proved its value as a helping process. The effects have reached into many areas of the treatment program of the hospital. The initial problems, questions, fears, and bewilderment of the new patient are not fully overcome, nor do we wish to eliminate entirely these reactions and feelings. It is part of the change that occurs within the patient as he enters upon a new phase in his life. Rather, our objective is to help the patient cope with those feelings, not to become immobilized, and to be able through the group to understand better what is happening to him. As he seeks a unity, a meaning, and a purpose for his actions, so must staff members be ready to help him move in that direction. The group worker, who is familiar with the patients' living situation and its effect, can help bring this about in a unique manner. The patients often see the group worker as the representative of the whole hospital, not the specific part that is represented by the doctor, the nurse, the case-worker, and the others. Before the group worker becomes a differentiated part of the whole, he can fulfill the role of interpreting the hospital, but if this role is delayed he cannot at a later time assume this function. Through the group work program, the group worker also becomes known to the patient as a specific part of the whole hospital. I believe that at Hillside Hospital the group worker's assumption of responsibility for the orientation of the new patient has grown out of his involvement in the self-government and living aspect of patient life. However, if the group worker is elsewhere similarly imbedded in the fabric of staff and patient structure, he can and should make his contribution to the patient and the treatment goal through his knowledge and skill in the use of group process.

Utilization of casework method and skill in group counseling

SANFORD N. SHERMAN

Group counseling is a term on which no one discipline has a monopoly, nor has it become attached to a specific form or method of service. It has been used synonymously with group education, group guidance, group tutoring, and so on. As used in several family agencies,¹ and in this paper, it refers to a method of client treatment.

Group counseling can thus be defined as the individual-centered treatment of clients who are assembled in a group for that purpose at regular intervals, usually weekly. The level of treatment in group counseling approximates that of individual casework. Treatment is based on casework diagnosis, chiefly casework techniques are utilized, and the goals are casework-treatment goals for the individual, not the group. In general, group counseling, thus defined, is a therapeutic process akin to individual casework—a second treatment method which

¹ See Sanford N. Sherman, "Group Counseling," in Victor Eisenstein, ed., *Neurotic Interaction in Marriage* (New York: Basic Books, Inc., 1956), pp. 296-301.

Elsa Leichter, "Family Casework Through the Group Method," *Journal of Jewish Communal Service*, Vol. 32, No. 4 (Summer 1956), pp. 376-387.

Hanna Grunwald, "Group Counseling in a Casework Agency," *International Journal of Group Psychotherapy*, Vol. 4, No. 2 (April 1954), pp. 183-192.

Group Methods in Casework Agencies (New York: Community Council of Greater New York, 1955).

Laura C. Farley, "Development of Group Counseling by a Family Agency." Paper presented to New Jersey Conference of Family Agency Executives, January 1958.

Rebecca Smith, "Some Dynamics in Group Counseling." Paper presented at National Conference of Jewish Communal Service, Atlantic City, 1957.

the agency can use in meeting the differential needs of the individual client.

The Problem of Definition

I should like to make some comments on this question of definition and the manner in which it is sometimes raised. During a fairly long experience with group methods in a casework setting, I have participated in or witnessed many discussions at meetings, conferences, or less formal occasions that have included a fairly representative sampling of caseworkers. Although group counseling is fully accepted in some casework settings, it is noteworthy how frequently one encounters resistance or reluctance to admitting a group treatment method into the casework agency fold, or even to considering it a valid partner of individual casework. There is by now general acceptance of *educational* services to groups in the community. Group counseling for clients has not been accepted. Some of this resistance is rationalized as a need to have group counseling defined and its method and processes spelled out to the last dotted *i*. Underneath this rationalization one senses a faint dubiousness. Thus, a very legitimate desire to have a definition of group counseling may become a hook on which to hang one's doubts or reluctances.

The existence of these somewhat negative attitudes can also be deduced from the slowness with which casework agencies are adopting group treatment methods. Even if one includes group psychotherapy, group counseling, and all forms of group treatment in contradistinction to education, they are utilized in a very small proportion of casework agencies. This slow development is in contrast with the rapid rate of growth of group treatment forms in clinics and child guidance centers.

An analysis of the journals of the various helping professions bears out this observation. There is hardly an issue of a journal of psychiatry or psychology which does not carry at least one article on group treatment. In fact there are several journals devoted entirely to technical material on group psychotherapy. In contrast, journals of social work publish very little on this subject.

Resistance to Group Counseling

The slow development of the group treatment process in casework and the accompanying attitude of doubt or resistance bear further examination. One obvious factor is the anxiety attendant upon the prospect of the new or unknown. The casework method has been so

firmly centered on the individual, despite the theoretical formulations of family or other group treatment goals, that going beyond a one-to-one focus is a venture into the unfamiliar and threatening. Perhaps nothing more can be done to mitigate this anxiety than to recognize it for what it is. Every worker seems to experience some anxiety with his first group, no matter how thorough his preparation and theoretical orientation, but usually it evaporates amazingly fast as the worker finds the new group situation not completely different from the casework situation and, in fact, rapidly discovers many familiar guideposts.

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Another possible factor in the slowness with which group counseling has developed in the casework setting is a certain amount of confusion that has arisen from the fact that casework and group work are both methods of social work. Historically, there has been a division of labor in the organization of the respective roles of casework and social group work. The individual is the traditional province of casework, the group the domain of group work. It is not possible for the relationship of these two specialties to be adequately explored in this paper, nor am I adequate to the task of making a theoretical analysis of group work.² It is enough to state that the historic division is not a sufficient reason for caseworkers to avoid working with groups. Work with a group is not limited to a single process, to a single method, nor to a discrete set of techniques. Every helping profession works with groups as well as individuals. Education uses the classroom and tutoring. Physical medicine has its public health groups, and psychiatry its individual and group psychotherapy. What distinguishes each of these professions is not the individual or group character of its performance, but the purpose and technical skills of the practitioner, the purposes and needs of the patients or clients, and the kind of problem situation which is at issue. Casework employs discrete skills, knowledge, and process. It is associated with the alleviation of certain personal and situational problems; it works with sectorized areas of personality; and it pursues a defined goal or objective for the client. None of these aspects of casework precludes the application of casework principles to working therapeutically with groups. Such application *would be* precluded if it were assumed that casework is immutably committed to an individual method. Evidence that casework does not have such a commitment is to be found in its early history when it often functioned through groups, in the recent developments in joint or family group interviewing, and most of all in the actual experience of a number of caseworkers with group treatment.

² Relationship between group work and group treatment is thoughtfully explored by Saul Scheidlinger, "Social Group Work and Group Psychotherapy," *Social Work*, Vol. 1, No. 3 (July 1956), pp. 36-42.

Another source of hesitation and doubt for the caseworker is an additional dimension of group counseling—group dynamics and process. Most caseworkers have neither technical orientation to group dynamics nor experience with it, and hence their concern is valid. It is a clear-cut necessity for the competent caseworker who plans to work with groups to be trained in group process—not so much in generic group process as in the particular principles and dynamics of the counseling group process. The analysis of the vital processes in the counseling group should be made in terms that are familiar to caseworkers, that is, in terms of a psychosocial diagnosis, the level of ego adaptation, and interpersonal interaction.

Group Counseling Uses Casework Skills

The training of caseworkers in group counseling in my own agency, and as reported elsewhere, follows a time sequence which has its own necessity and inner logic. This time sequence requires that the caseworker's orientation to the specifics of the counseling group process follows his having achieved a level of mature competence in individual casework. The logic of this is clear. Group counseling is individual casework *plus*. The worker's capacity for sensitive perception, his responsiveness, his ability in making a diagnosis and in managing a treatment relationship are *all* brought into play in the counseling group. The multifaceted interplay between the worker and each group client as well as among the clients themselves makes demands on the worker for sharp and immediate use of his perceptive faculties, his diagnostic ability, and the full range of his casework skills. The additional perceptions and skills peculiar to the group process in counseling must be developed on a solid foundation of skill in individual casework.

There is another obvious reason why the group counselor must be a competent caseworker, a reason which will now take us further into a consideration of the essential character of group counseling. It is axiomatic that the individual person or family in need of help is first, and most basically, a client of the agency. The primary responsibility of the agency and the worker is to treat or to help the client. How to treat, by group or individual method, is determined by the differential estimate of the client's needs. In practice, the client is both an individual casework, and a group counseling, client of the worker. At the very least, the client will have been seen individually by the group counselor for a brief period before his introduction into the group. More frequently, the pregroup individual interviewing will be longer. From time to time during the group process and at its

end the client may need one or a sequence of several interviews. Often, the client will need extensive individual casework help concurrent with, before, or after the group experience. The client may even come to the group following an extended period of casework treatment by the group counselor or by another worker; or, following the group experience, he may be transferred to individual casework, usually given by the same group counselor.

The casework treatment responsibility for the client, assumed by the worker, is the fundamental continuum. It is the basis on which group or individual counseling is determined—either one of which may need to give way to, or be supplemented by, the other as the client's changing needs require. For this additional, very practical reason, then, the worker, though he chooses to specialize in group counseling, must also have skill in individual casework.

The Choice of Group Counseling

How individual casework and group counseling compare as choices for the treatment of a particular client is suggested by a comparison made by Nathan W. Ackerman between psychotherapy and group therapy. The individual treatment situation, he suggests, "reawakens the infantile experience of symbiotic, omnipotent unity with the parent whereas the group epitomizes in large measure the realities of social relations." The group "derives its rationale from the fact that the child's character is influenced not only by processes of child-parent interaction but also by reason of his membership in the family as a group . . . (it) is further modified by membership in an expanding series of groups although more gradually and in a lesser intensity . . . nursery, school, neighborhood, etc. As he grows older and moves from one group to the next, each such group plays its part in shaping character traits and dominant modes of social adaptation."

Ackerman states a distinction in the level and nature of the client's conflict and its form of expression, which can serve as a criterion for selecting individual or group treatment by the caseworker as well. For example, when casework evaluation points to the desirability of meeting some of the excessive infantile dependency needs of a client, group counseling may be contraindicated and individual casework be the treatment of choice—at least for a time.

The group is a social medium. It has, as Dr. Ackerman suggests, an analogy to a family unit . . . but "in its architecture, it is primarily a small edition of the community. It may implement symbolic re-enactment of the individual's interaction with family, or the individual's

interaction with a wider social group."³ This strongly points to the suitability of a group form of treatment for the individual in almost direct ratio to the degree his problems are centered in social relationships in the family and outside. Two conclusions necessarily follow. One is that the group form of treatment can readily be included as one form of casework treatment, since the chief arena of casework is the social and interpersonal expression of the individual's dysfunction. The second conclusion is operational; once it is clear that the client is a treatment responsibility of casework, the choice of group counseling can be indicated in part by the degree and extent to which the client's difficulties are social and interactional.

The question of how group counseling compares or is related to group psychotherapy is difficult, if not impossible, to answer. We all know the central distinction between individual casework and individual psychotherapy, and that there are also areas of overlap. The journals publish papers and reports on "group psychotherapy" in which the treatment described is directed toward those goals in social function that clearly characterize the aims of casework and, by the definition above, group counseling.⁴ It is as unnecessary at this point to try to make a distinction between group counseling and group psychotherapy as it is to claim that casework is the victim of another's piracy. Sound reasons can be given both for considering group counseling a form of group psychotherapy and for considering them distinct entities.

Casework Diagnosis and Client Selection

I should like now to consider a few specific aspects of group counseling and allude to case material from a particular counseling group. This group was composed of seven individuals, three men and four women. It met for a total of sixty-four sessions for 1½ hours each. Two of the women clients had previously been given extended casework treatment, which had ended at the time of their transfer to the group. The others had been referred to the group at varying points in the initial exploratory phase of casework with them and their

³ Nathan W. Ackerman, *Psychodynamics of Family Life* (New York: Basic Books Inc., to be published in the fall of 1958).

⁴ Marjorie Stauffer, "Group Psychotherapy in a Family Agency," *International Journal of Group Psychotherapy*, Vol. 1, No. 4 (October 1951), pp. 348-355.

Marion Stranahan, M.D., Cecile Schwartzman and Edith Atkin, "Group Treatment for Emotionally Disturbed and Potentially Delinquent Boys and Girls," *American Journal of Orthopsychiatry*, Vol. 37, No. 3 (July 1957), pp. 518-527.

Rosalind M. Sands, "Method of Group Therapy for Parents," *Social Work*, Vol. 1, No. 4 (October 1956), pp. 48-56.

families. A tentative diagnostic formulation had been made on each and was the basis of their inclusion in a group.

30 In general, individual diagnosis is a *sine qua non* of group counseling because group counseling is a method of treating the individual. Part of the diagnostic consideration is the decision that group counseling in general, and a specific group in particular, is the treatment of choice. Factors in the individual, his family, and his situation that point to the desirability of group counseling for him must be identified, as well as those that contraindicate the use of this treatment measure.

Since it is not possible to present a detailed analysis of each individual in the group I am discussing, selected examples will be given. One woman had been transferred to the group from individual casework, which had not helped her appreciably in regard to her poor and destructive relationship to her children. Her marital relations were comparatively satisfying. Role theorists would say that the marital relationship was chiefly one of negative complementarity and that there was considerable role inversion between Mr. and Mrs. J. The children's means of expressing dependency needs, however, constantly disrupted Mrs. J's neat patterns of parenting. Clinically, Mrs. J probably had a severe compulsive disorder, but was well defended. Since Mrs. J was socially isolated, it was felt that group counseling might offer her the therapeutic possibilities of social communication, identification with other mothers and wives, and emotional support. Such an atmosphere might support the worker's intent to dilute Mrs. J's conventional emotional responses so that she could more safely reveal herself. Conversely, some appraisal had to be made as to whether she might prove to be too vulnerable in the less protected situation offered by the group. In general, clients experience a wider range of external response to their self-protective and self-regulating processes when in a therapeutic group than in an individual casework situation.

On the one hand, the group client is not unrelievedly the focal point of attention of any one person, as he would be in the individual treatment relationship. He can stay under cover and emerge into the group at his own pace. On the other hand, the extent to which others may threaten his defenses is not under the same controls in the group as it is with the single worker. Some group members, in sensing the real feeling a client has hidden under defensive layers, can sometimes go after it hammer and tongs. Mrs. J, it was felt, was too well fortified to be threatened seriously by this possibility. In truth, if she were stirred up at all by such proceedings, it would be to the good.

It is interesting that, in addition to Mrs. J, one other client in the

group could be described in almost identical clinical and social terms, and in respect to the reasons for inclusion in the group. However, as in all our work, the idiosyncratic factors in personality—some of which we can perceive and predict, some of which elude us—can make the results vastly different. Group counseling was a good choice for Mrs. J, and some of the expectations were realized. It seemed to have the reverse effect on her psychological twin. The interaction of the group only emphasized the latter's isolation. Her self-protectiveness only increased when and as members of the group tried to communicate with her on a less than conventional level.

A second reason that individual diagnosis is important in group counseling inheres in the necessity to ensure a helpful, interactive balance in each group's composition. A counseling group had best not be overloaded with an excess of persons having a common set of values, similar adaptive patterns or defensive systems. A dynamic interplay among group members requires contrasts. Yet the contrasts must exist within some measure of homogeneity. If all seven members of this group had been as constricted as Mrs. J, had had as little available anxiety, or had been as markedly isolated socially as she, it would indeed have been a poorly composed group. Experience has shown the value in having the group members reflect a range and variety of personality and of social behavior. Since Mrs. J and one other woman severely repressed and suppressed the expression of anxiety, some of the other clients selected for the group needed to have freer anxiety. Mrs. J and the second client were un verbal; others needed to be selected who were articulate and verbal in interpersonal conduct. Both of these women emphasized compliance and "good behavior" in their children and had limited empathic response to them. It was advisable to "match" them with others who were more related to others' needs even if they did not always perceive them accurately. As it developed, a man who was constantly frustrated by his wife's behavior with his children because he was so constantly aware of their needs—both real and projected—was a good choice. So was a woman who was indecisive and unsure in her dealings with others. These four clients were in frequent interaction on issues of suppression and expression, on consideration for others, and on the extent to which the subjective needs of parents invidiously entered their relations with children. Another factor of contrast is supplied when both sexes are represented in the group—that, too, enhances and multiplies the planes of interaction. The features which enter into consideration of group balance are almost infinite in number. They have been treated at length in the

literature of group psychotherapy⁵ and, to a lesser extent, of group counseling.⁶

It is in the nature of group counseling that a client is not simply evaluated in terms of the appropriateness of this form of treatment for him; he must also be evaluated with an eye toward how he will fit into either existing groups or groups which are in process of formation. Each group has a specific character, and it may well be that, for a particular client, group counseling may be theoretically suitable, but there is no appropriate group into which he can be fitted.

Goals and Aims

The clients in the group "do not have a *common* aim; they all have the *same* aim but not a *common* aim. The aim is a personal one in each of the members, namely, to rid himself of his difficulties (to improve). . . . Despite the fact of this similarity or sameness, the objective is entirely an individual one . . . discussions are not aimed at compromise or unanimity . . . nor the expectation of pleasure in each other's presence, the sharing and enjoyment of reciprocal good will and friendship."⁷

In a parallel sense, the worker in the group does not have a goal for the group nor a *common* aim for the clients in it. He, too, has the *same* aim for each group member, that is, the aim to help each group member achieve some improvement in his discrete, individual problem. With this aim, the worker develops individual psychosocial goals for each client, based on an individual evaluation. In a family agency, the group counseling goals are individualized for each client in the group, but they are also related to the treatment goals the agency has tentatively set up for the family unit.

The casework treatment goals for Mrs. J's family were to modify the rigidity of her functioning in the parental role and to help Mr. J make himself felt more in the day-by-day experience of his children. In psychological terms, Mrs. J's compulsive pattern by which she bound anxiety was not to be disturbed, but her tendency toward reaction formation was to be strengthened with changed models of

⁵ For example, S. R. Slavson, "Criteria for Selection and Rejection of Patients for Various Types of Group Psychotherapy," *International Journal of Group Psychotherapy*, Vol. 5, No. 1 (January 1955), pp. 3-30.

⁶ Hanna Grunwald, *op. cit.*, pp. 183-184; Sanford N. Sherman, "Goals and Techniques of Casework-Oriented Group Treatment," *Casework Papers 1955* (New York: Family Service Association of America, 1955), pp. 123-136.

⁷ S. R. Slavson, "Common Sources of Error and Confusion in Group Psychotherapy," *International Journal of Group Psychotherapy*, Vol. 3, No. 1 (January 1953), pp. 3-28.

expectations of her children. Mr. J, who was being seen concurrently in individual casework, was being supported to express more of his striving toward male achievements in his relations with his children. The marital relationship as such was to be by-passed and used only as a reference point and psychological resource for each partner as he gained further clarification of his attitude toward his children. In this situation, as in the usual family agency case, a goal for the family was divided into appropriate subgoals for each of the family members. Mrs. J was her own and her family's representative in the group.

The goal for Mr. B, also a member of the group, can be stated in almost opposite terms. His chief problem was his anxious identification with his son, who represented an unfulfilled, emotionally unfed part of himself. He trembled lest the child be rejected by his peers, be inadequately recognized by his teachers, or not be humored and fed by his wife. The goal for this man was to supply an emotional *quid pro quo* for him in the group. It was hoped that with the support of the worker, and the potential support and common identification which other group members could also provide when abetted by the worker, Mr. B might be able to relinquish his need to be fed through his son. Moreover, he might be able to gain some emotional understanding of the absorptive process to which he submitted his son, and might perceive some of his son's real needs and differentiate them from his own. A wider emotional and perceptual distance between Mr. B and his son was the worker's goal.

For Mrs. J and Mr. B, as for all group members, individuated goals are defined in the group process, goals which are correlated to, or are of a piece with, the larger aims for change in their respective families.

Process of Group Counseling

Let us turn to the treatment process itself. An earlier paper stated:⁸

The content of group sessions and of the group process is not primarily ideational. In transcript a group session appears fragmented, episodic, and often without any continuous ideational thread. The essential thread is emotional, not intellectual. This is the product of the phenomenon of 'associative thinking' in any treatment group. The group's discussion content moves from present to past, from social situation to attitude, from idea to emotion.

The counselor's emphasis on real, rather than conventional, feelings and attitudes, and on spontaneity rather than intellectualization, is

⁸ Sanford N. Sherman, "Goals and Techniques of Casework-Oriented Group Treatment," *op. cit.*, p. 132.

usually supported by the clients' own preconscious awareness that "this is different"—the group meeting is a place to which he can bring the other, infrequently expressed side of himself.

The group is a social medium. What the client might express in individual casework as an abstraction of an attitude or a report of social behavior in the past, can, in the group, take on contemporary, dynamic value. He expresses the attitude in his actual behavior toward one or several of the group members. Thus, the group situation furnishes multiple stimuli to social expression by the client, in addition to his verbalization of attitudes and feelings.

The group counselor treads an obstacle course lined with pitfalls. His aim is clarification of attitudes, reduction of emotional conflicts, diminution of anxiety and, often, strengthening of defenses or their modification. Far from covering the full range of personality function of the individual, his goal is concerned only with those factors bearing on the nexus of social problem with personal attitude.

The counselor avoids didacticism, unless it is indicated at particular points in order to meet the emotional need of the client. On the other hand, he also avoids broadening the range of treatment effort beyond a delineated sector of personality or intensifying the treatment probe beyond conscious or preconscious areas of ego function. Transference, especially negative transference, needs to be recognized, understood and dealt with, but not in the direction of deepening the transference neurosis. Usually, attitudes, hostile or positive, are handled in a counseling group, rather than the underlying transference. The counselor tries to establish and maintain the proper kind of atmosphere for group discussion by making specific contributions or responses in such a way that the social, marital and familial situation remains in the forefront of psychological discussion.⁹

Mrs. J interacted in various ways with the group members and the group counselor. I have selected, as an example, her varying roles with respect to Mr. B and the worker. Her obtuseness to Mr. B's feelings became apparent to some group members. They indicated the parallel between her reactions and Mr. B and her failure to understand her daughter at times when her daughter was fearful. Mrs. J would interpret her daughter's fear as simply not knowing her own mind. One of the more intuitive group members in one session insisted that this was how Mrs. J must treat her husband; she overpiously began to paint Mrs. J as a monstrously insensitive family member. Mrs. J defensively responded with instances she was certain reflected understanding between her husband and herself. The worker's attitude was en-

⁹ Sanford N. Sherman, "Group Counseling," *op. cit.*, p. 299.

couraging with respect to Mrs. J's feeling of union with her husband. Although the degree of marital sharing she was reporting was minimal and was marked by her manipulation, this was an area which the worker chose to circumvent. Mrs. J's manipulativeness was one factor in the negative complementarity with her husband. The area of her relations with her child, however, was one in which she could sustain some shift of attitude. Hence, the worker asked what Mrs. J thought in response to some of the comments that had compared her attitudes toward Mr. B in the group and her daughter at home. Mrs. J was pensive and said that of course Mr. B reminded her of a little boy who just didn't know his own mind. Another group member offered that Mrs. J might cause the same indecisiveness in both Mr. B and her daughter—she bullied both of them into a state of fear. Mrs. J's denial was heated. The other group member turned to Mr. B and insisted that he be candid. Had he been and was he fearful of Mrs. J? Mr. B reluctantly admitted to feeling some fear, and Mrs. J lapsed into silence.

At another group session another woman was groping her way through a new awareness that she complained vehemently about her family's dependence on her but that she actually encouraged this dependence because she needed to make herself indispensable. Mrs. J identified completely with this ambivalence and went one step further—she felt that this was one reason she had such little social activity. If no catastrophes occurred when she was absent from the home, it would prove that she was less than indispensable.

At yet another time, as was her frequent recourse, Mrs. J had been silent while most of the others discussed one woman's confession that she had sharp pangs of apprehension that her children sometimes rejected her. Incidents and examples were related. Mrs. J's favorite prodger, a man who carried on a teasing relationship with her, ostensibly hostile but secretly seductive, commented on Mrs. J's sullen demeanor and silence. Mrs. J burst out with feelings of being depressed and overwhelmed by what was going on at home. She sometimes had the impulse to leave the house, lock the door, and absent herself from the family for a year. The worker here suggested that Mrs. J, though silent, had been very much a participant in the previous discussion. Her impulse to lock the door really meant that she sometimes felt the door had been locked on her. Mrs. J went on to what was for her considerable discussion of feelings she had about her place at home. Explicit and implied throughout was her doubt that her position was a firm one. She recalled having felt uncertain that she belonged in the family when after marriage her husband for the first time had given

her his pay check. She made other references to her uncertain position with her brothers and sisters.

These incidents need to be viewed as extracts from a continuum of experience provided through a series of group meetings. Various dynamic phenomena are present: the client's identification with others or their identification with him; the perception by others of his transferred, displaced, or projected attitudes; a direct interactive experience with the worker, who has some guiding focus derived from the casework diagnosis and evaluation. Mrs. J's perception of her children changed as a result of her group experience. Some of her perfectionist demands and expectations were clarified and brought under more control. Her essential compulsive character and measured, unspontaneous adaptive pattern remained but her models of expectation shifted. Though stiffly and unevenly, she did become concerned that her children have more freedom to express feelings, to assert their own rights and, above all, to be dependent. Her functioning in the role of *mother* had been altered. Significantly, although it had not been a central aim, there was some carry-over to her relationship with her husband and some alleviation of her social isolation. Slowly, she had become involved in affairs outside the home. This socialization, in turn, had helped to decrease the intensity with which she related to her children and husband.

Summary

Group counseling is a treatment method which, in its diagnostic base, its methods and goals, is closely akin to individual casework. I have noted some points of differentiation between casework and group counseling and have suggested that workers be trained in those differential specifics advocated, but the burden of the evaluation is to locate group counseling among the treatment methods or services of the casework agency.

Leisure-time services for older adult groups

BERNARD R. MARKS

During the past decade there has been a considerable increase in the degree of leisure-time services for the aging. Settlement houses, community centers, Y's, churches, synagogues, civic recreation departments, and other arms of the community have expanded and extended their services to this segment of the population. These services varied from a once-a-week get-together, to a daily, all-day activity, five, six, and perhaps seven days a week. This paper focuses on those leisure-time services carried out in the traditional settings, specifically, those leisure-time agencies that are identified as social group work agencies and in which people of all ages may participate. Within these settings, the responsibility for the supervision of this program has been carried out by volunteers, graduate students in training, part-time workers assigned for one or two sessions per week, and/or full-time workers assigned for the full responsibility of older adult activities. (26)

In the late 1940's, when this program was introduced for the first time, the philosophy of our practice was permeated with the feeling of protectiveness for the older adult. The agency provided a setting for older people to have tea and cake together, and recognized their need to socialize among their peers. We were sensitive to their individual loneliness and provided them with many new opportunities for individual expression and socialization. These opportunities varied with the limitations of budget, facilities, and staff of each particular agency. Older adult programs expanded with the understanding and (33)

readiness of each agency to do so. The older adult was introduced to many new activities for the first time. New interests were encouraged, new skills were developed, new programs became sustaining. Discussions, lectures, birthday parties, holiday festivals, club meetings, special interest activities, and other events became integrated into the normal program for the older adult.

To what extent was the older adult involved in the planning and development of these activities? To what degree did we, as social group workers, maintain a protective role for the older adult in these programs? Did the common, cultural attitudes of dependency for the older person limit our enabling role? Cavan points out:

Another characteristic of the societal culture pattern is the protection of older people. This characteristic is especially evident in the economic field. Community-supported old people's homes, old age pensions, and old age assistance are instances. The societal pattern is also indulgent toward the idiosyncrasies and minor behavior failings of old people. For example, an old person may not be reprimanded or punished for such things as minor traffic violations, trespassing or alcoholism.

The generally protective, and indulgent attitude of society and the desire to remove old people from activities place few responsibilities upon old people. Little is demanded of them; social expectation is very low. So few are the instances when society demands services from the old that much attention is given to them in newspapers and news magazines. The public services of Herbert Hoover and Bernard Baruch have received attention not only because of the contribution made but also because of the ages of the two men. Re-employment of old men during World War II was regarded as unusual and praiseworthy.¹

As with other agency members, the social worker must understand and accept the readiness of the older person to participate in all activities of which he is physically capable; he must appreciate the readiness to make contributions to the agency and to the community. The protection of human dignity is an important function of the social worker. An individual's feeling of human dignity can in part be achieved by enabling him to help others, as well as receive help himself. It is through the use of the group structure and the feeling of belonging to a group that an individual is enabled to feel more accepted among his peers. In discussing self-government, Kubie and Landau illustrate this:

¹ Ruth Shonle Cavan, Ernest W. Burgess, Robert J. Havighurst, and Herbert Goldhamer, *Personal Adjustment in Old Age* (Chicago: Science Research Associates, 1949) p. 22.

... The institution of self government has, over the years, been the area which has most clearly reflected the growth and change and attitude of the membership. ... For the officers as well as the membership the institution of self government has proved one of the most effective means of stimulating these older people to make use of their capacities. It has developed leadership, initiative, responsibility. It has served to focus attention and increase identification with the affairs of this community in even the least participating members.² (18)

I have seen older adults happy in their dependent role upon the agency's services; I have observed a group resist planning for itself, preferring this dependent role; I have worked with a group that has undertaken limited responsibilities; and I have also supervised a group that has developed a great deal of responsibility for itself in the life of the agency. The degree to which these different groups were able to assume responsibility for themselves and their programs is reflected, in part, in the agency's and the group worker's readiness to motivate them. Kutner, and others, in their community survey of aging state:

Many who have worked with older people have noted a change in behavior and attitude among those who adopt some form of activity. They report that the association between increased activity and a more positive disposition is often quite marked. One of the more interesting hypotheses concerning aging is that the person who "keeps busy" is much happier as he grows older than the person who is indolent. Some have even adopted the position that keeping active promotes longevity. The belief that activity and activity programs promote individual as well as community health has achieved rather wide acceptance in this country. In the field of aging some have attempted to demonstrate that activity in day or recreational centers maintains the physical and/or mental health of the person. This notion, although it has never been systematically studied to determine its validity, is frequently used as an argument to extend the mandatory retirement age as well as to develop activity programs for the nonworking older adults. Our contention, based upon the findings that follow, is that not any activity but only activities that provide status, achievement, and recognition can lift morale, and that those that are not basically satisfying needs do not contribute much to the individual's adjustment.³

The Neighborhood Centre of Philadelphia, which pioneered many new activities since its opening seventy-three years ago, began its services for the aging in 1946. The group met at the original head- (23)

² Susan H. Kubie and Gertrude Landau, *Group Work With the Aged* (New York: International Universities Press, 1953), pp. 33, 51, 57.

³ Bernard Kutner, David Fanshel, Alice M. Togo, and Thomas S. Langner, *Five Hundred Over Sixty* (New York: Russell Sage Foundation, 1956), p. 104.

quarters of the agency in one of the older neighborhoods of Philadelphia. Today it is an affiliate of the Federation of Jewish Agencies of Greater Philadelphia and the United Fund and has two branches. One branch is in the northeast section of the city, in a neighborhood that is approximately ten years old; the other is in South Philadelphia, the older section of the city. There are now three older adult groups with 180 members. The agency is no longer located at its original site.

The Dependent Group

The first club for older adults met once a week and had approximately twenty-five members. A majority of these individuals were recruited from the rolls of the Department of Welfare. The Happy Age Club was sponsored by a group of women representing a national organization. A staff worker of the agency met with the group and planned the program together with a group of volunteers. The program at that time consisted of providing entertainment and serving refreshments. This activity was no different than the kind of older adult programs which were beginning in other agencies throughout the country. The volunteer group felt rewarded by this new activity and the agency was happy because of the additional service. The club was invited to use the agency facilities on other days, but unstructured service met with very little response. In 1950, another club for older adults was initiated at the center's branch, two miles from the headquarters building. This group, the Social Club, did not have a volunteer sponsoring organization. The program was similar in that it met once a week and the agency provided and prepared the hot beverage and cake. Each club collected its own very nominal dues, and the older adults received membership cards from the agency. There was no thought of requesting membership dues. The average age of the first group was about 72 years and the average age of the second group was about 3-4 years younger. Members of these groups belonged to other older adult programs at neighboring agencies. A few members belonged to five clubs and visited a different one each afternoon.

The special features of the first group's program, in addition to the regular holiday celebrations and weekly activities, were an exchange visit with a similar group from Camden, New Jersey, and a boat ride on the Delaware River as the final season program in June. The featured activity of the Social Club was a picnic at a camp site twenty-five miles from the city. The center assumed all responsibility in financing and planning these programs. Members of the group were motivated to use their talents in regard to entertainment, in singing, dancing,

discussion, poetry reading, and poetry writing. There was a great deal of satisfaction achieved by those who participated. A majority of the first club were Yiddish-speaking. The Social Club was an all-Jewish group.

In 1951, the center reviewed this program and recognized the sustained dependent role that was being created. The consideration of having the older adult pay membership dues was discussed with each club. Although ambivalent feeling was expressed, both clubs adopted the center policy. The group leaders encouraged group participation and group planning of activities. The volunteer sponsoring organization of the first club resisted the direction in which the center was moving and withdrew its sponsorship and volunteer participation. The Happy Age members expressed feelings of deprivation over this change; nevertheless, they began to assume more responsibility for themselves. Officers of the club began to assume more leadership and participated in serving refreshments and in the cleaning-up process. Often the group reminisced over the pleasures of being waited upon. The Social Club, however, resisted organization. The indigenous leader was fearful that she would not be elected president and blocked the election of officers repeatedly. Members of the club assumed responsibility on an individual volunteer basis, but the group itself resisted a scheduled and regular organization of routines. Both clubs maintained good attendance throughout this period. Then the center moved away from the original headquarters in 1954 and both clubs were merged at the South Branch building. The Happy Age Social Club continues to meet once per week. The majority of this group, which consisted of twenty-five members when merged, is made up of women.

These two groups changed very slowly. They had learned to receive from the agency. They would accept responsibility for themselves when faced with it, but continued to resist the risk of involving themselves more fully. Today, as a single group, they continue to use the agency once each week on a social club basis. The members still use the services of other neighborhood agency clubs other days in the week. However, the club plans its own activities; it has officers, and it has delegated representatives to the Advisory Council of the center. Eight of the present members have registered for a one-week resident camp experience. Four years ago two members went to camp.

The Semidependent Group

In 1954 the center expanded its services for older adults on a much broader base. A worker was assigned to organize older adult activities

daily, from 10:00 A.M. through 4:00 P.M. Fifty older men joined the center in one month, with enrollment open to men and women. However, the women who visited the group in its initial stages felt overwhelmed and were not encouraged to join by the men although some of these women did join the Social Club. The Enjoyment Club is composed of retired trade unionists, laborers, former carpenters, tailors, and garment workers, with an age range of 63 through 82. From the beginning, the group accepted the policy of the agency in regard to membership dues. The club organized its executive committee which scheduled its affairs. Temporary officers of president, vice president, secretary, treasurer, and an executive board were elected for the first six months. Thereafter, officers and the executive board were re-elected annually. The first man elected president has been re-elected ever since. A small percentage of the group could read and write English. Practically every member reads Yiddish and speaks it fluently. The group members understand English and accept it from members of the agency's staff, but prefer to talk with their peers in Yiddish.

With the expansion of the older adult program, the center critically examined the degree of service and the direction to which this kind of service should be moving. It became apparent that the older adults used the facilities of the agency more consistently than other age categories. It became obvious, too, that older adult members had been isolated from the rest of the center program. There was little connection between their activities and those of the balance of the center membership. Heretofore, the older adult was referred to as "The Golden Ager." It was decided that since all membership categories were identified with the age of the category, it would be advisable to identify the older adult specifically as an "older adult" with no evasive label such as "golden ager" or "senior citizen." Announcements of other membership program were brought to the older adult club meetings. The club became an integral part of the center's family. The agency would help, in part, to finance some of its major projects and events, but the club understood that it needed to assume a share of this responsibility for itself.

The self-government structure enabled the members to discuss freely their attitudes and feelings about specific activities. The president ruled with a very strong hand and his role is typical of the leadership role seen everywhere on the American scene today. The executive board was chaired by the vice president. The following excerpted record demonstrates several of these factors. The first person used in the record is that of the staff worker who was under my supervision.

Mr. W opened the meeting and asked me if I had anything to say. I welcomed them all back to the Centre for another season. I proposed several activities and listed an English class, a metal and woodwork shop and a monthly newsletter to the members. I explained that these activities are going on in other clubs and that the Centre would provide leaders, if the membership responded. Mr. K and Mr. C nodded approval, but Mr. S (the president) was shaking his head negatively. When I finished, he took the floor and said that my proposals for activity were good but now was not the time to talk about them. He felt that the most pressing need was for members and money. He said that later, after it was clear as to the numbers in the club, then would be a more appropriate time to discuss activities. I pointed out that I raised these things only to get the approval of the leadership of the club. He said, "I know you are only interested in the good and welfare of the club, but our membership is more important now." A lengthy discussion followed on the amount each individual member should pay to the club for his monthly dues. . . . It was finally decided that each member should be taxed \$1.00 club dues for the season. Mr. G raised a question about the person who does not want to pay the club the \$1.00. He spoke about the \$1.00 as if it were in effect. Mr. S stated that you cannot force a person to pay. Mr. W stated that if a man doesn't pay, he should not be allowed to sit in the older adult lounge. I pointed out that the room is for all older adults and not exclusively for the Enjoyment Club. W and G raised their voices, "What do you mean? I'll pay \$1.00 and someone else won't. He'll have the right to sit there for nothing?" I waited until there was some semblance of quiet and explained that in all of our age categories we have clubs and regular members who do not belong to these clubs. Centre membership does not mean that one belongs to every activity and/or every group. I assured them that on Mondays, at 1:30, when their regular business meeting begins, I would be available to help them in asking all nonclub members to leave the room, because their meeting is private. I explained that this also applied to all of their functions. They seemed a bit more reassured on this point. . . .

The worker exposed the club to the consideration of new activities. The strong will of the president directed the discussion into the area of recruiting members and finances. The worker was able to relate the activity of the club to activities of similar clubs throughout the center. The following excerpted record indicates how the agency can help the leadership of the club achieve status and become more related to the over-all structure of the agency and how the club begins to share this responsibility.

Mr. S showed me a letter he received at his home inviting him to the Board of Directors Older Adult Committee meeting. I recalled for him the meetings that he had attended last year. Since the meet-

ing was scheduled for noon in a restaurant, I advised him that it was a luncheon meeting and that all those present would be expected to pay for their lunch, which would be about \$1.50 each. He stated that he would like to go but that he wanted an okay from the Executive Committee. I agreed that it would be best to get their approval of his attendance in participation at this meeting. He asked if he could take the vice president along. I commented that if the club wanted to pay for two people, the vice president should go. As we talked, several members of the Executive Committee joined us. Mr. S shared the information of the meeting notice with those present. Mr. G stated that the club should be represented. Mr. H asked whether more than one could go. I said "yes" but that the club would have to pay for the additional luncheon. They felt that the club should be represented at the committee meeting by two members and decided to recommend it to the Executive Committee. Mr. S thanked them.

This club has continued in operation to the present time with the same indigenous leader, who is re-elected each year, as well as the same staff worker. The group assumes more responsibility for itself with each new season. Its representatives participate actively in the Advisory Council of the center. During the past year, the special interest activities of the group have increased. These activities include a woodwork shop, regular crafts class, English class, and discussion group in addition to its regular weekly business meeting. The club contributes to the Community Chest drive and the Allied Jewish Appeal drive. Recently, it decided to make a contribution to the agency's college scholarship fund. The woodwork class is now completing furniture to be used by the center's nursery school. A good portion of the club's treasury is deposited in the Federal Credit Union sponsored by the center.

The Independent Group

The third club for older adults, sponsored by the Neighborhood Centre, is located in the Northeast Branch. This group has been in operation for four years and has grown to a participating membership of one hundred. The club first met once per week in a neighboring school before the new building was opened. At the school, the activities of the club were limited because of the space. The worker assigned was a student from the school of social work. There is an equal distribution of men and women in the group. The age range is similar to the clubs at the South Branch, 62-84 years old, with one exception, one member who is now 94 years old. The members of this club are a little more affluent than the other two center groups. Most of them moved into the neighborhood in the past ten years. There are fifteen

couples in the group. Several members are comfortably retired; some members live on social security income; several supplement their income with part-time jobs. From its inception, the club and its members have accepted the membership policy of the center; they also accepted a new dues scale when the center moved into its new building three years ago. The Friendship Circle has a very active program, which includes a cultural discussion group, a choral group, bandage-rolling for the American Cancer Society each Wednesday afternoon, and a folk-dance class one evening each week. These activities are in addition to the daily lounge facilities of card-playing, table games, weekly membership meetings, and special programs, and the normal number of birthday parties, holiday festival celebrations, and special trips.

The present leader responsible for the group is a full-time member of the professional staff. This worker meets with the group at all its major functions and assists the Executive Committee in its planning. Volunteers and other leaders assume responsibility for the special-interest activities of the group. The club has assumed financial responsibility for its mailings and financing of all of its special functions. The officers of the club participate in the deliberations of the Older Adult Committee of the center and in the Advisory Council. The following record excerpt indicates the opportunities presented to the group leader for enabling the club to assume additional responsibility for its members and program.

... new members were introduced as well as guests and Mr. D was welcomed back after having been sick for some time. Mr. N (the president), at the worker's suggestion, proposed the necessity of forming a membership committee, one of whose responsibilities it would be to visit prospective new members to tell them about the group and invite them to join the club. This suggestion was heartily approved and Mr. N immediately appointed members for this committee. I introduced the topic of "Jewish Book Month" which members of the club had requested at a previous meeting. After discussion, it was agreed that a committee of volunteers be formed to organize a display in the glass cabinet in the lobby. Several members stated that they would bring in items for display. I made an announcement of the forthcoming shuffleboard program. Mr. N read the letter inviting representatives to a meeting of the Adult and Older Adult Committee and he appointed himself and Mr. O as the representatives. Announcement was made that at our next meeting we would have a film and speaker on the topic of cancer. ... Mrs. H asked whether the treasury of the club should be left in the hands of the treasurer or whether the money should be banked. There were several comments and discussions from the floor. It was finally voted that \$100 would be placed in the bank

with Mr. B and Mr. P acting as trustees for the group; the balance, over \$100, would be left with the treasurer for running expenses. There was also a discussion on how to meet the cost of the coming party. It was originally felt that those whose birthdays would be celebrated would bring in cakes and wines, etc., but it was later decided that it was better to have money contributions for the party rather than goods so that too much of one kind of goods would not be prevalent. A few of the people contributed some money and it was found that a total of \$13 had been collected. It was realized that this could not be enough to cover the cost of the party and several people voluntarily contributed money to add to this amount. After the meeting was adjourned, refreshments served, the Planning Committee for the party was called into the adjoining room. The Committee discussed the possible types of refreshments that should be served. It was realized that close to \$40 would have to be spent for refreshments and they decided that they would take the money that had been contributed and add to it from the club's treasury. Mr. P and Mr. H said that they would be responsible for buying the refreshments. A few of the people volunteered to come in on Friday to decorate the room for the party. The plans for the program were discussed and the responsibility for the entertainment was left with Mr. E, Mr. O, and Mr. S.

It becomes apparent that the more responsibilities are distributed the more individuals are enabled to sustain an active role in the activities of the club. The worker with the older adults needs to be continuously sensitive to his enabling role. Obviously, not all individuals will accept a responsibility for themselves when it is first suggested to them. The more responsibility the club can accept for itself, the more responsibility individual members can assume for themselves in carrying out this role.

The societal attitude referred to above by Cavan and others tends to influence all of us continually in our daily work with the older adults. In September I received an urgent telephone call from the community area worker who was responsible for the then current United Fund drive. A district captain in the drive had failed to distribute two hundred prospect cards to his workers and I was urged to solicit the aid of the regular adult clubs in the center for this additional immediate responsibility in the campaign. The cards had to be distributed within five days. My exploration with the groups who might readily assume this assignment was not successful. They could solicit, but not within the five-day demand.

Prior to the urgent telephone call, a staff member had suggested the possibility of the members of the Older Adult Club participating actively in the campaign. When this suggestion was made to me, I dismissed it as being unreal and too difficult for them. Now I was

faced with the prospect of either not being able to respond to the United Fund Worker's urgent call or to comply by involving our older adults. I was astonished and pleased when, on approaching the leaders of the group, they readily accepted the task, with very little urging. Within the five days, 150 of the 200 cards were covered by more than twenty-five members of the Older Adult Club. Several hundred dollars was collected. Many of the older adult solicitors enabled the merchants whom they solicited to increase their contribution over the previous year. This was a very rewarding experience for those who participated and for the club as a whole. It received publicity in the local press and helped the club achieve a great deal of status.

As part of the publicity for this activity, it was considered appropriate to photograph the oldest member of the club, Mr. R, who is now 94, as he solicited. The staff worker arranged to accompany him and the photographer. When the worker and Mr. R were leaving the center building to begin the solicitation, Mr. R stopped the worker and asked, "How can you expect me to collect for the Chest if you don't ask me for a contribution?" With that Mr. R took three dollars out of his wallet, handed them to the worker and added, "Now I can collect much more."

Recently a very active member of the club passed away. The members were very distressed and at their executive meeting suggested that a photograph of this individual might be placed in their clubroom in his memory. The worker meeting with the group did not comment on the precedent that this would establish but made an alternate suggestion. He asked the group to consider contributing to the Camp Scholarship Fund in the name of the deceased individual. The members easily recognized the wholesomeness of this recommendation and the ensuing discussion hardly touched on the former suggestion of the photograph.

The Indigenous Leader

One of the major problems in working through the club structure of the older adult groups is the dominant role of the indigenous leader. The group leader needs continually to be alert to the possible will-struggle that may arise between him and the club leadership through this democratic process. If the organization of the club is to have continued meaning to its members, the group leader needs to be prepared to accept the drive and status needs of the club leadership in order to achieve the proper group involvement. He needs to use his relationship with the less articulate members of the group in order

to help them participate more fully in the club's affairs. This principle is generic and does not apply only to older adults. However, our culture tends to develop many more followers in the normal activity of group and organizational life. Kubie and Landau referred to this:

This does not mean that the staff is any less active in membership policies, but that area of activity has shifted. Whereas formerly it had to be leadership in full view it now functions behind the scenes in various ways. The staff must protect the individual from too harsh an impact of this control.⁴

I recall discussing this problem with a member of our older adult club at the South Branch some time ago. This individual is a leader in his synagogue and I suggested he become more active in planning the affairs of our club. Mr. S had many differences with the club president and had told the group leader it would be best for him to be less active. In my discussion with him he pointed out that the dominant role of this particular indigenous leader was no different than the dominant role played by presidents of fraternal organizations, trade unions, banks, corporations, political parties, and other groups. Unless there is constitutional limitation, membership tends to re-elect incumbent officers. There is a tendency for this to lead toward less active participation among members of the group and it is a problem that needs further exploration.

Today, owing to the experiences related above (and because of our professional attitudes), we are more able to help each group function in relation to its readiness. Members of the Social Club (the dependent group) are able to take more responsibility for planning their club meetings. Members of the Enjoyment Club (the semidependent group) respond to new special interest activities. The members of the Friendship Circle (the independent group) want to participate in all functions of the center. Its members take pride in the holiday program it sponsors for children and teen-agers. They meet with the youngsters, help plan and participate in the activity. This older adult club schedules a trip to Atlantic City and is able to make all arrangements without staff help.

These experiences present a process of development over the past ten years. We must constantly re-examine our practice to insure involvement for the older adult to his fullest potential. We have demonstrated that we can improve this service by use of the group work process through the club structure.

⁴ Kubie and Landau, *op. cit.*

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